S. No. 2
-11-10-39
5-17-39
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FILE

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11342

Registration District No. 411 — Primary Registration District No. 2002 — Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Joplin, Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 611½ W. 20th Joplin, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 7 wks

In this community 1125

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Green

(c) City or town: Springfield, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 903 W. Fla (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Ellen Cordelia Melton

3. (b) If veteran, name war: ____ 3. (c) Social Security No. ____

4. Sex: F 5. Color or race: W 6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: April 1 - 1864 (Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace: Strafford, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ____

FATHER
12. Name: John Sims Rogers
13. Birthplace: Joplin No Record Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Bagley
15. Birthplace: No Record (City, town, or county) (State or foreign country)

16. (a) Informant: Fred Melton

(b) Address: 2153 N. Rogers, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 17, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Shiloh Cemetery

18. (a) Signature of funeral director: F. C. Thieme

(b) Address: Springfield Mo.

19. (a) 3-19-40 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 16th year 1940 hour 3 minute 50 A. M.

21. I hereby certify that I attended the deceased from 2-7, 1940, to 3-15, 1940 that I last saw her alive on 3-15, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Liver	
Due to:	
Due to: 46	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): ____

(b) Date of occurrence: ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 37 (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: [signature] (M. D. or other) 1

Address: Joplin Mo. Date signed 3/16-1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 440-1049
Date Filed APR 10 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed R H Crieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.