No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1950 OCT 12 1950

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31781

Registration District No. 213 | Primary Registration District No. 3014 | Registrar's No. 241

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

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 409 W. Miller
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 (Specify whether years, months or days)
In this community: 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Calloway
(c) City or town: Fulton - Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 5 Miles Southwest
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME: Thomas Isaac Melow
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Melow
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: July (Month) 29 (Day) 1861 (Year)

8. AGE: Years 79 | Months 1 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace: Pennsylvania (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: —
MOTHER FATHER
12. Name: Everette Melow
13. Birthplace: Pennsylvania (City, town, or county) (State or foreign country)
14. Maiden name: Polly Mirle
15. Birthplace: Pennsylvania (City, town, or county) (State or foreign country)
16. (a) Informant: Albert Melow
(b) Address: Jefferson City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/17/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Fullbright Cemetery
18. (a) Signature of funeral director: Leo G. Wallace
(b) Address: Fulton, Missouri
19. (a) 9/16/40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th year 1940 hour 8 A.M. minute 30 M.
21. I hereby certify that I attended the deceased from June 13, 1940 to Sept 16, 1940 that I last saw ~~him~~ alive on Sept 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Prostate Gland — Duration
Due to:
Due to:
Other conditions: 51
(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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: L. L. Taylor M.D. (M. D. or other)
Address: Jefferson City Mo Date signed: 9/16/40

(Licensed Embalmer's Statement on Reverse Side)

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 Leo G Wallace

Licensed Embalmer No. 3373

P. O. Address Fulton Mo.

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

If this body is not embalmed, fact should be so stated above.