No. 2
-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1940

NOV 1 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34956

Registration District No. 1944

Primary Registration District No. 3008

Registrar's No. 277

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hosp. #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mo. 25 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia (If outside city or town limits, write "RURAL")

(d) Street No. 616 Bass Ave (If rural, give location)

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

3. (a) PRINT FULL NAME George L. Melloway

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex M

5. Color or race W.

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Lillian Melloway

6. (c) Age of husband or wife if alive DK years

7. Birth date of deceased June (Month) 14 (Day) 1883 (Year)

8. AGE:	Years	Months	Days	If less than one day
57	57	4	10	hr. min.

9. Birthplace Boone County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Gasoline Station Operator

11. Industry or business

FATHER
12. Name James Melloway
13. Birthplace DK (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ryan Belcher
15. Birthplace DK (City, town, or county) (State or foreign country)

16. (a) Informant State Hosp #1 Records

(b) Address Fulton Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-24-40 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director Parkers

(b) Address Columbia Mo

19. (a) Oct. 24, 1940 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24 year 1940 hour 12 minute 15 p M.

21. I hereby certify that I attended the deceased from 10-20, 1940, to 10-24, 1940; that I last saw him alive on 10-24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobular Pneumonia	4 days
Due to Cerebral Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Lobular Pneumonia Cerebral Arteriosclerosis

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

22. If death was due to external causes, fill in the following No.

(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 Geo F. Wood (M. D. or other)

Address State Hosp #1 Fulton Mo Date signed 10/24/40

(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. W H Vandewiele

Licensed Embalmer No. 2494

P. O. Address Columbia

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.