

Registration District No. 651

Primary Registration District No. 862

1. PLACE OF DEATH:

(a) County Peru
(b) "City or town" Peru Little Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____ years, months or days)

8. (a) PRINT FULL NAME Lucius Mellins

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex male 5. Color or race black 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Mellins 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 15, 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Mich. I.
(City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business Farm

MOTHER FATHER { 12. Name unknown 9

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown 9

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mary Mellins
(b) Address Cantherville, Mo.

17. (a) Peru (Burial, cremation, or removal) (b) Date there Jan. 6, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Cantherville, Mo.
18. (a) Signature of funeral director H. S. Smith
(b) Address Cantherville, Mo.
19. (a) Jan. 6, 1941 (Date received local registrar) (b) Aida Martin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Peru
(c) "City or town" Peru Little Prairie
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2, year 1941 hour 8 minute 0 M.
21. I hereby certify that I attended the deceased from Dec. 26, 1940 to Jan. 2, 1941; that I last saw him alive on Dec. 31, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis (not contagious)
Due to Influenza

Due to _____
Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none
Of autopsy none

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? 595 (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature L. L. Parley (M. D. or other) _____
Address Cantherville, Mo. Date signed 1-4-41

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

2-41-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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