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MAY 5 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14412

Registration District No. 272

Primary Registration District No. 465

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava
(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

3. (a) PRINT FULL NAME Addie S. Melton

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. H. Melton

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May 17, 1874
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>66</u> | <u>10</u> | <u>14</u> | hr. _____ min. _____ |

9. Birthplace Christian Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ben Hunt

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

14. Maiden name usan Howel

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

16. (a) Informant J. H. Melton

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 4-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jenkins

18. (a) Signature of funeral director Clinkingbeard Funeral H

(b) Address Ava, Missouri

19. (a) 4-19-1941 (b) Edna King White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

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

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1941 hour 2 minute 4 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Died of natural causes, without medical attention and without the care of a Physician

Due to _____

Due to _____

Other conditions 2.00
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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 C. K. Clinkingbeard (M.D. or other) Coroner

Address Ava, Mo Date signed 5-31-41

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

MOTHER FATHER

District Health Officer No. 5,
District File Number 541-681
Date Filed May 2 1941

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 the above constitutes grounds for revocation of license.)

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