

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 408

Primary Registration District No. 5565

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Rural Union Township  
(c) Name of hospital or institution:  
Carthage R # 3  
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)  
In this community 67 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Rural  
(d) Street No. Carthage R # 3  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME William Homer Melugin

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Sept. 30 1874

8. AGE: Years 67 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Jasper Co. Missouri

10. Usual occupation Farmer

11. Industry or business None

12. Name Benton Melugin

13. Birthplace Unknown

14. Maiden name Mary Rice

15. Birthplace Unknown

16. (a) Informant Mrs Pearl Melugin

(b) Address Carthage R # 3

17. (a) Burial (b) Date thereof Oct. 12, 1941

(c) Place: burial or cremation Emanuel Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Oct 14, 1941 (b) E. J. Mc Intire

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1941 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from Aug 31 1941 to Oct 10 1941; that I last saw him alive on Oct 3 1941; and that death occurred on the date and hour stated above:

Immediate cause of death Heart Attack  
Due to Chronic Rheumatism  
Endocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gjc Of autopsy

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

While at work? (Specify type of place) (e) Means of injury  
23. Signature H. A. LaFavel (M. D. or other) M.D.  
Address Joplin Mo. Date signed Oct 14, 1941

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

MOTHER FATHER

41-11. 898

**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 *John D. Batchelder*

Licensed Embalmer No. *4153*

P. O. Address. *Carthage Mo.*

**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, fact should be so stated above.**