

Registration District No. 812

Primary Registration District No. 60861

Registrar's No. 5

1. PLACE OF DEATH:
 (a) County Scotland
 (b) City or town Arbela, Mo. Johnson Twp
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Scotland
 (c) City or town Arbela
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Minnie Jane Melaney
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 18
 year 1941 hour 11 minute P. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife John R. Melaney 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Oct 14, 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1st 1941, to Oct 18 1941;
 that I last saw her alive on Oct 1st 1941,
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 3
 hr. min.

Immediate cause of death Arctic Stenosis
Dirid Cuddien
 Duration 1 year

9. Birthplace Lewis Co. Mo.
(City, town, or county) (State or foreign country)

Due to.....
 Due to.....

10. Usual occupation housekeeper

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

11. Industry or business.....
 12. Name Griffin Gregory
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Joannah Crawford
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....

16. (a) Informant Mrs John Shady
 (b) Address Arbela Mo

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

17. (a) Burial (b) Date they conf. Oct 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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?.....

18. (a) Signature of funeral director Geo. Stankard
 (b) Address Arbela Mo

While at work? ✓ (Specify type of place)
 (c) Means of injury ✓

19. (a) 1-16-42 (b) Bernice Wilson
(Date received local registrar) (Registrar's signature)

23. Signature F. M. Johnson (M. D. number MO)
 Address Arbela Mo Date signed 1-16-42

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

2900

MAR 1942

RECEIVED

District Health Officer No. 10

District File Number

2-42-268

Date Filed

FEB 12 1942

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

Geo. V. Borkert

Licensed Embalmer No.

1817

P. O. Address

Green, Ill.

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.