

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **911**

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Jackson City
(c) Name of hospital or institution: St Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
In this community all 4 live
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Jackson City Mo.
(d) Street No. 3210 E 73rd
(e) Citizen of foreign country? No.
If yes, name country 0

3. (a) PRINT FULL NAME Melton, Linda Ann
(b) If veteran, name war — (c) Social Security No. —

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased: Jan 17 42
(Month) (Day) (Year)

8. AGE: Years 1 Months 20 Days 4 If less than one day hr. min.

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

10. Usual occupation —

11. Industry or business —

MOTHER FATHER

12. Name Melton Jack
13. Birthplace Parsons-Labette Kans
14. Maiden name Barnes Barnett
15. Birthplace Cottonwood Falls Kansas

16. (a) Informant Mrs Jack Melton
(b) Address 3210 E 73

17. (a) (b) Date thereof March 6 1942
(c) Place: burial or cremation Cottonwood Falls Mo.

18. (a) Signature of funeral director Mc Kinsey
(b) Address Cottonwood Falls

19. (a) 3/16/42 (b) M. N. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1942 hour 7th minute 45th P.M.

21. I hereby certify that I attended the deceased from Feb. 15 1942 to March 5 1942 that I last saw her alive on March 5 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction Duodenal Perforation
Due to Pyloric Stenosis - Birth

Due to 157g
Other conditions: —
(Include pregnancy within 3 months of death)

Major findings: —
Of operations —
Of autopsy Generalized Peritonitis

Duration 4 days
2 days
Birth
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? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

23. Signature William Chittall (M. D. or other) 0
Address 233 Plaza Medical Date signed March 16 1942
(Specify type of place) (e) Means of injury 0

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

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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, fact should be so stated above.