S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18743

FILED JUN 12 1942

Registration District No. 685 — Primary Registration District No. 4409 — Registrar's No.

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

82
0
0

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Clarksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ 1
(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 Pike 82
(c) City or town Clarksville 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Amelia Kirtley Meloan

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Sam Meloan 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Jan (Month) 1 (Day) 1877 (Year)

8. AGE: Years 65 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Clarksville (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business ✓

FATHER
12. Name: James Phart
13. Birthplace Pike Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Catherine B. Rock
15. Birthplace Troy (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Maude M. Patton
(b) Address Clarksville Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17/42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Harry L Larrock
(b) Address Clarksville Mo

19. (a) June 9, 1942 (Date received local registrar) (b) Florence H. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1942 hour one minute A M.

21. I hereby certify that I attended the deceased from May 14th 1942 to May 14, 1942 that I last saw her alive on May 13, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration: lead at once

Due to General arterio-sclerosis — Duration: unknown

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings:
Of operations
Of autopsy

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 0

23. Signature E M Bartlett (M. D. ~~or other~~)
Address Clarksville Mo. Date signed 5/15/42

1275 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-42-1254
Date Filed JUN - 9 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 me, Registered Apprentice No. , working under my personal supervision.

Signed Harry L. Carroll

Licensed Embalmer No. 2439.

P. O. Address Clarksville 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.