

State File No. \_\_\_\_\_

Registration District No. 384

Primary Registration District No. 4227

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Howell  
 (a) County \_\_\_\_\_  
 (b) City or town Howell Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Howell Plains Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 day (Specify whether)

In this community 10 years years, months or days (Specify whether)  
 3. (a) PRINT FULL NAME Melvin E. Oster.  
 3. (b) If veteran, name war No. 3. (c) Social security No. No.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jun 7 1879  
 (Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name J. N. Oster

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

14. Maiden name Not known

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

16. (a) Informant Howard Oster

(b) Address Demersville Mo.

17. (a) Burial (b) Date the body was disposed of Dec 11-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ball Cemetery

18. (a) Signature of funeral director J. J. Amman

(b) Address W. Amman Co. Demersville Mo.

19. (a) Jun 15-42 (b) Gail Stanton  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 107 Texas  
 (a) State Mo. (b) County Howell  
 (c) City or town Demersville Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10  
 year 1941 hour 9 minute 30 a. m.

21. I hereby certify that I attended the deceased from 12/7, 1941, to 12/9, 1941, that I last saw him alive on 12/9, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Accidental burns  
3rd degree of face arms legs  
body

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1st 15  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) negl  
 (b) Date of occurrence 12/7/41 046  
 (c) Where did injury occur? at home (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Paul House caught in fire  
 (Specify type of place) (e) Means of injury fire  
 While at work? \_\_\_\_\_

23. Signature Wallace Hampton (M. D. or other) 12/9/41  
 Address Howell Mo. Date signed 12/9/41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S. B. BEECHER, M. D.  
Special Agent, Bureau of the Census  
SALEM, MISSOURI

RECEIVED  
District Health Officer No. 5,  
District File Number 44235  
Date Filed 7-17-42

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.

*Not Embalmed*

Signed *John F. Lunn*  
Licensed Embalmer No. *2516*

P. O. Address *Mt. View 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.