

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21879

State File No.

Registration District No. 411

Primary Registration District No. 5815

Registrar's No.

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neesha, Mo. R.F.D. 1.
(c) Name of hospital or institution: Dayton Sup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 23
(c) City or town Neesha, Rural Route 1. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martin Fisherman Melton

3. (b) If veteran, name war.....
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 Rosa Melton
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 22 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>00</u>	<u>11</u> hr. min.

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

10. Usual occupation Missouri

11. Industry or business.....

MOTHER FATHER {
12. Name Ruben Melton
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Hanks
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rosa Melton
(b) Address Neesha, R.F.D. 1.

17. (a) Burial (b) Date thereof 6 7 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home

18. (a) Signature of funeral director Alfred Buzzard
(b) Address Seneca, Mo.

19. (a) 6/10/42 (b) Theodore L. Knig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1942 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct. 1, 1941 to June 6, 1942
that I last saw him alive on May 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Hypertension
Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930
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? (City or town) (County) (State)
(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 0
23. Signature T. B. Drenth (M. D. or other)
Address Seneca Mo Date signed 6-7-42

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

3
0
0

1109

RECEIVED

District Health Officer No. 6,

District File Number 742-921

Date Filed JUL 10 1912

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. 2334

P. O. Address Seneca, 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.