

FILED FEB 5 1943
Registration District No. 42

Primary Registration District No. 4360

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Missouri Methodist Hospital
(d) Length of stay: In hospital or institution. 3 Hours
In this community 53 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 1401 North 25th. Street
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Bradford Willard Melick

3. (b) If veteran, name war No 3. (c) Social Security No. 491-10-4876

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Edith J. Melick 6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased. November 18 1872

8. AGE: Years 69 Months 2 Days 7

9. Birthplace. Green Valley Illinois

10. Usual occupation. Grocery

11. Industry or business. Wholesale

12. Name. Baltis P. Melick

13. Birthplace. Unknown New Jersey

14. Maiden name. Alice Schureman

15. Birthplace. Green Valley Illinois

16. (a) Informant. Ruth Melick

(b) Address 1401 No. 25th. St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof. 1-27-1943

(c) Place: burial or cremation. Mausoleum, Ashland Cem.

18. (a) Signature of funeral director. Ruth Melick

(b) Address 13th. & Faraon St., St. Joseph, Mo.

19. (a) 1-27-43 (b) Rose Herzog

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th. year 1943 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov-41 to 1-25 1943 that I last saw him alive on 1-25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Apoplexy few hrs

Due to Arterio sclerosis, general

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

Major findings: Of operations

Of autopsy

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature. [Signature] (M. D. or other) Address. St. Joseph Mo. Date signed 1-26-43

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

MOTHER FATHER

12.25

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 E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri

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.