

FILED FEB 15 1943

260

Primary Registration District No. 11292

1. PLACE OF DEATH: *Osage*
 (a) County *Freeburg MO*
 (b) City or town *Freeburg*
 (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 *all his life* years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State *MO* (b) County *Osage*
 (c) City or town *Freeburg*
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME *Donovan Roy Meltzbarger*
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month *January* day *15*
 year *1943* hour *10* minute *30 P* M.

4. Sex *male* 5. Color or race *white*
 6. (a) Single, *never* married, divorced, *single*
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: *April* (Month) *13* (Day) *1940* (Year)

21. I hereby certify that I attended the deceased from *December 11, 1942* to *January 15, 1943*
 that I last saw him alive on *January 15, 1943*
 and that death occurred on the date and hour stated above.

8. AGE: Years *2* Months *9* Days *2* If less than one day _____ hr. _____ min.

Immediate cause of death *Acute Sepsis* Duration _____
Leukemia

9. Birthplace *Freeburg MO*
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation _____

Other conditions (Include pregnancy within 3 months of death) *74a*

11. Industry or business _____
 12. Name *John Meltzbarger*
 13. Birthplace *Jarvis Missouri*
 14. Maiden name *Dorothy Champion*
 15. Birthplace *Meta MO*

Major findings: Of operations _____
 Of autopsy _____

16. (a) Informant *William Champion*
 (b) Address *Meta MO*

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof *January 17, 1943*
 (Month) (Day) (Year)

(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) (e) Means of injury _____

18. (a) Signature of funeral director *H. H. Sloop*
 (b) Address *Meta MO*

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

19. (a) *Jan 17-43* Date received local registrar (b) *Antonia Kibbler* (Registrar's signature)

23. Signature *J. C. Howard* (M. D. or other) *SO*
 Address *Freeburg, MO* Date signed *1/16/43*

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

76
8
0

1284

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.....

H H Strop

Licensed Embalmer No.....

2928

P. O. Address.....

Meta 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.