S. No. 2
M—5-42
v. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7483

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 205

1. PLACE OF DEATH
(a) County St. Francois
(b) City or town Farmington Mo
(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: 94
(a) State Mo (b) County St Francois 4
(c) City or town Farmington 1
(If outside city or town limits, write "RURAL")
(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 Peter Mell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Matilda Blancken
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Oct (Month) 19 (Day) 1858 (Year)

8. AGE: Years 84 Months 4 Days 22 If less than one day hr. min.

9. Birthplace Copenhagen St Francois Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business Farming + Carpentring
FATHER
12. Name Peter Mell
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sofa Hoehn
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mr. H. C. Mell
(b) Address Farmington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13 43 (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery Farmington Mo
18. (a) Signature of funeral director Co Zean Funeral Home
(b) Address Farmington Mo
19. (a) Feb. 12, 1943 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 10-19-43
year hour 10 minute 49 A M.
21. I hereby certify that I attended the deceased from Sept 9, 1942 to Feby 10, 1943
that I last saw him alive on Feby 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to General Arteriosclerosis
Due to
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? (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
23. Signature R. Applebury O (M. D. or other)
Address Farmington Mo Date signed 2-12-43

1196

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 343-1869

Date Filed 3-5-43

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 C. H. Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, Me.

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.