

FILED JUL 10 1943

Registration District No. 370

Primary Registration District No. 6258

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Melbourne - St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 (Specify whether
In this community all life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wayne
(c) City or town Beaufort
(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 _____

3. (a) PRINT FULL NAME Melbourne Dea Moutzong

3. (b) If veteran, name war No 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

7. Birth date of deceased July 4 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 11 6 hr. min.

9. Birthplace Silva 2200 0
(City, town, or county) (State or foreign country)

10. Usual occupation Hammer

11. Industry or business _____

MOTHER FATHER

12. Name Coccy Moutzong

13. Birthplace Silva 2200 0
(City, town, or county) (State or foreign country)

14. Maiden name Silva Moutzong

15. Birthplace Silva 2200 0
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Moutzong

(b) Address Silva 2200

17. (a) Burial (b) Date thereof 6 11 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rapid Relief Center

18. (a) Signature of general director National Funeral Home
(b) Address Greenville Mo

19. (a) July 7 1943 (b) Frederic Bennett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th day June
year 1943 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from May 1 1943, to June 10 1943
that I last saw him alive on June 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia tuberculosis 7 years Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 ft 1

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature C. S. Jones M.D. (M. D. or other) _____

Address Beaufort Mo Date signed 6-11-43

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

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. 3474

P. O. Address Poplar Bluff, 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.