

3. No. 2
1-5-42
5-1-42
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31866

State File No. _____

OCT 13 1943

Registration District No. 155

Primary Registration District No. 4245

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Ja per
(b) City or town Oronogo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
rural
(If not in hospital or institution, write street number or location) 6
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Oronogo (If outside city or town limits, write "RURAL") 0
(d) Street No. rural (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Epp Melton

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

4. Sex Male 0 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grace Melton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 31 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 8 1 _____ hr. _____ min.

9. Birthplace Ozark, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired Farmer

11. Industry or business _____
12. Name Dr. S. D. Melton
13. Birthplace no data Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Melton
15. Birthplace no data Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant widow Grace Melton
(b) Address Oronogo, Missouri

17. (a) burial (b) Date thereof 9/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oronogo Cemetery

18. (a) Signature of funeral director Hedge Nelson
(b) Address Webb City, Missouri

19. (a) Sept. 3 1943 Mrs. Nellie Sage
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day September
year 1943 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from August 14th 1942 to Sept 2nd 1943.
That I last saw him alive on Sept 1st 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Congestion
Due to Silicosis Tuberculosis
Due to Silicosis
Other conditions (Include pregnancy within 3 months of death) 13 fl
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 James H. Butler 2 (M. D. or other) DO.
Address Oronogo, Mo Date signed Sept. 2 1943

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

49
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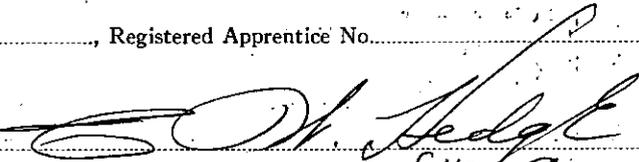
1182

(Licensed Embalmer's Statement on Reverse Side)

43-9-850

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. 2859

P. O. Address W. E. of D. W.

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.