

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

NOV 12 1943 / 20
Registration District No. _____

Primary Registration District No. 4194

Registrar's No. 87

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

1. PLACE OF DEATH:

(a) County Barney
(b) City or town Albany
(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:

(a) State Mo. (b) County Barney
(c) City or town Albany
(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 Archie J. Melanson

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

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

6. (b) Name of husband or wife Allie Sullinger 6. (c) Age of husband or wife if alive 1.869 days

7. Birth date of deceased July 30 - 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 5 If less than one day hr. min.

9. Birthplace New Hampton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Stockman

11. Industry or business _____

12. Name John Melanson

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name Margaret McQueen

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Melanson

(b) Address unknown Albany Mo.

17. (a) Burial (b) Date thereof Oct. 9 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First Cemetery

18. (a) Signature of funeral director Clifford Brown

(b) Address Albany Mo.

19. (a) Oct 8 - 1943 (b) James M. Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1943 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept. 23, 1943 to Oct. 5, 1943
that I last saw him alive on Oct. 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Testis
ascites
Due to Encephalitis
Due to Craniotomy by Martin

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

Major findings: Of operations 46 f

Of autopsy _____

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 J. M. Martin (M. D. or other)
Address Albany Mo. Date signed Oct 7, 1943

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Clifford B. Bush

..... Licensed Embalmer No. 3329

P. O. Address Albany 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.