

FILED DEC 13 1943

Registration District No. 32

Primary Registration District No. 3072

Registrar's No. 220

1. PLACE OF DEATH:

(a) County SALINE
(b) City or town MARSHALL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PUTMAN HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 day (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SALINE 97
(c) City or town Marshall (If outside city or town limits, write "RURAL") 2
(d) Street No. N Lyon (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Melcene Melson

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

4. Sex Female 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

7. Birth date of deceased June 14 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 5 3 hr. min.

9. Birthplace SALINE CO MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name NO
13. Birthplace NO (City, town, or county) (State or foreign country)
14. Maiden name NO
15. Birthplace NO (City, town, or county) (State or foreign country)

16. (a) Informant ARTHUR BURKS
(b) Address MARSHALL MO
17. (a) BURIAL (b) Date thereof NOV 19 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation RIDGE PARK
18. (a) Signature of funeral director DON SHORT
(b) Address MARSHALL MO
19. (a) NOV 30 43 (b) MO T.O. Weather
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1943 hour 3:15 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1935 to Nov 17 1943
that I last saw her alive on Nov 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration _____

Due to _____

Due to _____

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

Major findings: Of operations X PHYSICIAN _____

Of autopsy NO 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 _____
Signature Ale Putnam (M. D. or other) _____
Address Marshall MO Date signed 11-24-43

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

District Health Officer No. 8.

District File Number

Date Filed

12-10-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall 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.