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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39410

REC'D DEC 11 1943

Registration District No. 373

Primary Registration District No. 4245

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Marshfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x
In this community 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 119

(c) City or town Marshfield
(If outside city or town limits, write "RURAL") 0

(d) Street No. x
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME Helen Edith Marie Melvin

3. (b) If veteran, name war x

3. (c) Social Security No. x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
year 1943 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 16, 1943, to Oct. 17, 1943
that I last saw her alive on Oct. 17, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clyde B. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March - 6 - 1891
(Month) (Day) (Year)

Immediate cause of death apoplexy

Due to Chronic Nephritis 2 yrs

8. AGE: Years 52 Months 7 Days 11 If less than one day x hr. x min.

Due to 131 F

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

9. Birthplace Wancaster, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business Home

12. Name Henry Wexhe

13. Birthplace Wancaster, Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Anna

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

Major findings: Of operations 131 F

Of autopsy

PHYSICIAN —
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Herman Tade

(b) Address Marshfield, Missouri

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

(c) Place: burial or cremation Marshfield

18. (a) Signature of funeral director Rex Rainey

(b) Address Marshfield

19. (a) Nov. 10 - 43 (b) Charlotte Bruce
(Date received local registrar) (Registrar's signature)

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 1

23. Signature A. R. Todd (M. D. or other) D.C.
Address Marshfield, Mo. Date signed 10/19/43

1344 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 61

District No. 1243-1344

Date 12-8-43

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 *Lex Rainey*
Licensed Embalmer No. 3312
P. O. Address Marshfield, 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.