

FILED JAN 10 1944

Registration District No. 239

Primary Registration District No. 5825

Registrar's No. 4256

72  
0  
1  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: New Madrid

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

(c) Name of hospital or institution: 1 Combs Farm  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 28 years (Specify whether years, months or days)

In this community: 28 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Tom Melrose

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: Chara Melrose 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: Feb 28 1871  
(Month) (Day) (Year)

8. AGE: 72 Years  
Months: Feb Days: 28  
If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: don't know (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farm

12. Name: Don't know

13. Birthplace: don't know (City, town, or county) (State or foreign country)

14. Maiden name: May Shores

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

16. (a) Informant: Mrs Tom Melrose

(b) Address: Talheferna

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: Dec 19/43  
(Month) (Day) (Year)

(c) Place: burial or cremation: Atlanta Ill

18. (a) Signature of funeral director: J. B. Knight  
(b) Address: Parma Mo

19. (a) Dec 18/43 (Date received local registrar) (b) Mrs S B Ralaker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: New Madrid

(c) City or town: Talheferna  
(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: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 16  
year: 1943 hour: 1 minute: 10 P.M.

21. I hereby certify that I attended the deceased from Dec 15 1943 to Dec 16 1943  
that I last saw him alive on Dec 16 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Burned from fire about 3 AM on Dec 15

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death): 181-1

Major findings: ✓  
Of operations: \_\_\_\_\_  
Of autopsy: ✓

Duration: 1

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): Accident

(b) Date of occurrence: Dec 15 - 43 019

(c) Where did injury occur? Talheferna New Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in home

While at work? yes (Specify type of place) (e) Means of injury: Burn

23. Signature: J. C. Carleton (M.D. or other) DB  
Address: Malden Date signed: Dec 16

Note. Put oil out of his car on  
kitchen stove, to warm on a cold  
morning. Oil boiled ~~over~~ and caught  
the house a fire and ~~then~~ he got  
burned on way out.

RECEIVED  
District Health Office No. 2,  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_

RECEIVED  
District Health Office No. 2,  
District File Number 144-63  
Date Filed 1-7-44

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.....

P. O. Address.....

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.