FILED FEB 14 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2984

Do not use this space.

1. PLACE OF DEATH

(a) County Harrison — Registration District No. 133

(b) Township Bethany — Primary Registration District No. 3022 — Registered No. 6

(c) City Bethany — (d) Street No. / St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Elizabeth Melton

(a) Residence, No. Mt. Moriah Mo. St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF James A. Melton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/30/1874

7. AGE: Years 69 — Months 0 — Days 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Rural (STATE OR COUNTRY) Harrison Co. Mo.

FATHER

13. NAME Issac Sexton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Elexabeth Sparks

16. BIRTHPLACE (CITY OR TOWN) Nobh Carolina (STATE OR COUNTRY) North Carolina

17. INFORMANT James A. Melton (ADDRESS) Mt. Moriah Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah Mo. DATE 5/12-44 19

19. FUNERAL DIRECTOR J M Chambers (ADDRESS)

20. FILED 1/12/44 19 Zola M. Burris Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/10/1944 19

22. I HEREBY CERTIFY, That I attended deceased from 1-2, 1944 to -10-, 1944

I last saw her alive on 1-10, 1944 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset

Other contributory causes of importance:

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Gordon Jr., M. D.

(Address) Bethany, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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AUG 7 1945

STATEMENT BY LICENSED EMBALMER

I, J.M. Chambers, Licensed Embalmer No. 2109

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed J M Chambers

Licensed Embalmer No. 2109

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)