

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

2
43
39
35697

FILED MAR 15 1944

Registration District No. _____

Primary Registration District No. 5164

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural -- Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Near Home - 3 Mile So. of Fulton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural -- Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Mi. South, R. F. D. #3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM EVERETTE MELOY

3. (b) If veteran. No name war _____
3. (c) Social Security No. 494-03-7987

4. Sex Male 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 March 14, 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 29
If less than one day hr. _____ min. _____

9. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name E. O. Meloy

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

14. Maiden name Pauline Mirts

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

16. (a) Informant Mrs Sallie Rice

(b) Address Fulton, Mo. R. F. D. # 3.

17. (a) Burial (b) Date thereof 2/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director J. J. Weathers

(b) Address Fulton, Missouri.

19. (a) 2-16-44 (b) Joie Morsinkhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day February year 1944 hour from 1:30 minute 4/10 M.

21. I hereby certify that I attended the deceased from found dead
February 13, 1944 to _____, 1944
that I last saw him alive on February 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death heart failure
obviously the cause of death.

Due to Had suffered with
heart trouble for 2 yrs

Due to _____

Other conditions low blood pressure
(Include pregnancy within 3 months of death)

Major findings: Of operations 9502

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 3

23. Signature W. J. Barrett (M. D. or other) _____

Address acting coronary Date signed 2-14-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

FEB 25 1946

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-14-44

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

E. E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, 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.