V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14702

Registration District No. 128 | Primary Registration District No. 5466 | Registrar's No. 334

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Rural, S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1410 West Lombard St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Arkansas (b) County: Carroll

(c) City or town: Eureka Springs
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ____ (Yes or No) No

If yes, name country ____

3. (a) PRINT FULL NAME: Frank Silvester Melville

3. (b) If veteran, name war: None

3. (c) Social Security No. Unk.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Ida Dan Cannon Melville

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: Aug. (Month) 7 (Day) 1866 (Year)

8. AGE: Years 77 | Months 8 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore (City, town, or county) Maryland (State or foreign country)

10. Usual occupation: paper hanger & painter

11. Industry or business: ____

FATHER
12. Name: Frank Douglas Melville
13. Birthplace: Unk. (City, town, or county) Scotland (State or foreign country)

MOTHER
14. Maiden name: Rachel Unk.
15. Birthplace: Richmond (City, town, or county) Virginia (State or foreign country)

16. (a) Informant: Mrs Ida Melville
(b) Address: Eureka Springs, Ark.

17. (a) Remova (Burial, cremation, or removal) (b) Date thereof: 4-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Beulah Union

18. (a) Signature of funeral director: Melvin Newton Funeral Service
(b) Address: Eureka Springs, Ark.

19. (a) 4-17-44 (Date received local registrar) (b) S. B. Hartley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1944 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from April 2, 1944, to April 13, 1944, that I last saw him alive on April 12, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive heart failure	3 weeks
Due to chronic myocarditis	5 yrs
Due to Hypertensive Heart Disease	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

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) ____
(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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: William J. Campion (M. D. or other) LSD
Address: Landers Bldg. Springfield, Mo. Date signed: 4-16-44

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(Licensed Embalmer's Statement on Reverse Side)

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.

Embalming done in Arkansas.

Signed H McVay

Licensed Embalmer No. 723 Ark Lic

P. O. Address Eureka Springs

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.