

S. No. 2
M-2-43
5-17-39
1-7X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14915

State File No. _____

FILED MAY 15 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 197

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Bartlesville Mo.
(c) Name of hospital or institution:
St. John's
(d) Length of stay: In hospital or institution _____
In this community 3 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cherokee
(c) City or town 925 West 13th
(d) Street No. Bryter Springs Lane
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edgar Elmer Melholland

3. (b) If veteran, name war _____ 3. (c) Social Security No. 44-01-6950

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rena 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 7 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 1 8 hr. min.

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

10. Usual occupation Miss. Foreman

11. Industry or business Lead & Zinc

12. Name Unknown

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

14. Maiden name Unknown 9

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

16. (a) Informant M.C. Melholland

(b) Address Bartlesville

17. (a) Reinterred (b) Date thereof 4-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bryter Springs Lane

18. (a) Signature of funeral director Walter Lee
(b) Address Bryter Springs Lane

19. (a) 4-16-44 (b) Arthur D. Duda
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 16
year 44 hour 7 minute 4 P M.

21. I hereby certify that I attended the deceased from _____, 1944, to 4-15, 1944
that I last saw him alive on 4-15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Occlusion
Several Months

Due to _____
Due to _____

Other condition Cerebral Occlusion
(Include pregnancy within 3 months of death)

Major findings: Cerebrum
Of operations (verified by telephone call)
Of autopsy Amputation of
Jejunum H.O.

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? _____

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

23. Signature W. T. Brown (M. D. or other) _____
Address Bryter Springs Lane Date signed 4/16/44

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

19
2
5

44-4-348

1835

201

FEB 14 1951

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 *A. D. Berlin*

Licensed Embalmer No. *764*

P. O. Address *Bayter 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.