

FILED MAY 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 17111  
Registrar's No. 2053

Registration District No. 149

Primary Registration District No. 1002

## 1. PLACE OF DEATH:

(a) County JACKSON  
 (b) City or town KANSAS CITY  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3415 MONROE AVENUE /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community 45 YEARS  
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME MR. FRED JOHN MELCHER

3. (b) If veteran, name war No  
 3. (c) Social Security No. 492-18-7671

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. FLORENCE M. MELCHER 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased MARCH 31 1870  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 1 8 hr. min.

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

10. Usual occupation CARPENTER

11. Industry or business RETIRED - 5 YEARS

12. Name UNKNOWN MELCHER

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

14. Maiden name UNKNOWN

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

16. (a) Informant MRS. FLORENCE M. MELCHER

(b) Address 3415 MONROE AVENUE

17. (a) BURIAL (b) Date thereof MAY 12 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 5-11-44 (b) P. E. Brown  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
 (c) City or town KANSAS CITY  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3415 MONROE AVENUE  
 (If rural, give location)  
 (e) Citizen of foreign country? YES (Yes or No)  
 If yes, name country GERMANY

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 9<sup>TH</sup>  
 year 1944 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 9 1944 to     , 19    ;

that I last saw him alive on     , 19    ;

and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary thrombosis

Due to Coronary heart disease

Due to.....

Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings: Of operations..... gta

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

23. Signature J. H. Hapshew M.D. (M. D. or other)

Address Plaza and Bldg. K. C. Mo. Date signed May 10

Board of Health

**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

*H. C. Newcomer Jr.*

Licensed Embalmer No.

*4043*

P. O. Address

*H. C. New*

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

**If this body is not embalmed, fact should be so stated above.**