No. 2
5-42
17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18079

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 417

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Metropolitan Hotel 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Rural, N. Campbell Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. Route 5 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Frank Melton
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Mary D. Melton
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased August (Month) 16, (Day) 1890 (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	8	27	hr. min.

9. Birthplace Springfield, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Ben Melton
13. Birthplace Unknown (City, town, or county) Tennessee 1 (State or foreign country)
MOTHER
14. Maiden name Mary E. Pigg
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Mrs. Mary D. Melton
(b) Address Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 5-15-44 (Date received local registrar) (b) D. W. G. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13, year 1944 Between 7 & 8 o'clock P.M. Fri. Evening (5-12-44) M.
21. I hereby certify that I attended the deceased from May 12, 1944 to May 13, 1944 that I last saw him alive on May 12, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute congestive heart failure	1 hr
Due to: acute alcoholism	2 wks
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

77

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 0
23. Signature Arthur D. Knabb (M. D. or other) M.D.
Address 400 E. Court, Spfd., Mo. Date signed 5-15-44

984

(Licensed Embalmer's Statement on Reverse Side)

JUL 5 1944

APR 12 19[illegible]

MAY 25 1944

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 Harlow Knabb

Licensed Embalmer No. H065

P. O. Address Springfield, Me

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

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

State of Missouri } ss.
County of Greene }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 18079
Local Registrar's No. 417

On this 27th day of September, 1949; before me appears Dr. A. D. Knabb, who, upon his oath, states that the original record of ~~birth~~ death for Frank Metlay, ~~born~~ died May 12, 1944 in the State of Missouri, and which was filed at Jefferson City on ~~May 24~~, 1944, should be corrected as follows:

Item No. 20 should read May 12, 1944, 8 p.m.
Instead of May 12 to May 13, 1944.

Item No. 21 (con) should read Acute congestive heart failure
~~Instead of~~ due to rheumatic heart disease

Item No. 21 (con) should read due to chronic Arthritis
Instead of acute alcoholism

Item No. 21 (con) should read other conditions: acute
Instead of alcoholism.

Item No. 21 con should read attended deceased from June 29, 1943 to May 12, 1944
Instead of May 12, 1944 to May 13, 1944

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Arthur D. Knabb M.D.
Relationship.

621 S. Wellington Ave., City
Present Address.

Subscribed and sworn to before me this 27th day of September, 1949.

My Commission expires My Commission Expires November 16, 1952 Florence R. Ellis Notary Public.

Form V. S. 135
50M—8-43
X37817

Affidavits containing erasures will not be accepted; draw one line through error and write above it.