

FILED MAY 18 1944

Registration District No. 2584

Primary Registration District No. 5867

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Thayer Route 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Shiloh Cem.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 3 mo., 26 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Thayer (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Melvin Lee Hice

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 18 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- 3 26 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Granvel Hice
13. Birthplace Allen Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name Nedra Ruth Jewell
15. Birthplace Oregon County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Granvel Hice
(b) Address Thayer, Mo., Route 2
17. (a) Burial (b) Date thereof 4/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shiloh Cem.

18. (a) Signature of funeral director None
(b) Address _____
19. (a) 5-5-44 (b) Gae D. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1944 hour 4 minute 00 P.M.

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

Immediate cause of death Pneumonia Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

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 Gae D. Williams (M. D. or other) M.D.
Address Thayer Mo Date signed 5-3-44

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

000

RECEIVED

District Health Officer No. 5;

District File Number 544302

Date Filed 5.17.44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.