

**FILED AUG 14 1944**

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3167

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

**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:  
2911 Terrace  
(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 25 years

**3. (a) PRINT FULL NAME** Mary Melson  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Fe 3 | 5. Color Col | 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Alonzo Melson  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 4 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>2</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Kaufman Texas  
(City, town, or county) (State or foreign country)  
 10. Usual occupation At Home

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Mark Valentine  
 13. Birthplace Texas  
(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 Maud Wesley  
 (b) Address 2911 Terrace  
 17. (a) burial (b) Date thereof 8/2/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery  
 18. (a) Signature of funeral director Hattings Bros  
 (b) Address 1729 Lydia

19. (a) 8-2-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2911 Terrace  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 31st  
 year 1944 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from 1/4/44 to 7/31/44  
 that I last saw him alive on 7/28/44 and that death occurred on the date and hour stated above.

Immediate cause of death R. Hemiplegia  
 Due to Cerebral hemorrhage  
 Duration 6 mo

Due to 83 a  
 Other conditions arterio sclerosis  
(Include pregnancy within 3 months of death)  
Essential hypertension

**PHYSICIAN**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 M. Caldwell (M. D. coroner)  
 Address 213 1/2 2nd Date signed 7/31/44

**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..... *DJ Manlove* .....

Licensed Embalmer No. *3994* .....

P. O. Address *2503 Highland* .....

**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.**