

No. 2
M-2-43
5-17-39
X38897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 17 1944

Registration District No. 175

Primary Registration District No. 3036

State File No. 28166

Registrar's No. 82

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
722 Madison Ave,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary D Melton

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Mar 29 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>3</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace ? West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name A.H. Davisson

13. Birthplace ? West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Susan Woodfill

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

16. (a) Informant A.B. Davisson

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 7/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J.F. King

(b) Address Aurora MO.

19. (a) 7-20-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Aurora 55
(If outside city or town limits, write "RURAL")

(d) Street No. 722 Madison Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 19, 1944 to July 19, 1944
that I last saw her alive on July 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic Myocarditis

Due to Smile Convulsion

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations P3d

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)
Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Aurora, Mo. Date signed 7/20/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1156

RECEIVED

District Health Officer No. 6;

District File Number 844-910

Date Filed AUG 15 1944

AUG 23 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.....

Herman Sunilge

Licensed Embalmer No. 3072

P. O. Address.....

Aurora Mo

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.