

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33833
State File No.

FILED OCT 17 1944

Registration District No. 4894 Primary Registration District No. 2007 Registrar's No. 296

1. PLACE OF DEATH:

(a) County: Butler
(b) City or town: Paplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Paplar Bluff Hospital - 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Wayne !!!
(c) City or town: Piedmont
(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:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5
year 1944 hour 5:45 minute 2 M.
21. I hereby certify that I attended the deceased from
8-31 1944 to 9-5 1944
that I last saw him alive on 9-5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis
Due to: appendicitis
Due to: 121:2
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: appendicitis
Of autopsy:

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME: Joseph Howard Mell,
3. (b) If veteran, name war:, 3. (c) Social Security No. None

4. Sex: Male 0 5. Color of race: white 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Martha Mell, 6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: April 6 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 29 If less than one day hr. min.

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

10. Usual occupation: Laborer

11. Industry or business:

12. Name: Thomas E. Mell, Indiana

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

14. Maiden name: Indiana

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

16. (a) Informant: Martha Mell, Piedmont, Mo.

(b) Address: Clay Cemetery (b) Date thereof: April 7, 1944
(City, town, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Clay Cemetery

18. (a) Signature of funeral director: F. L. Yates,

(b) Address: Piedmont, Mo.

19. (a) 9-13-44 (b) Belle Finne (Registrar's signature)

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:,
23. Signature: J. H. Demuth (M. D. or other)
Address: Paplar Bluff, Mo. Date signed:

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

RECEIVED

District Health Office No. 2,

District File Number 1044-1335

Date Filed 10-11-44

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Ida M. Yates

Licensed Embalmer No. 2572

P. O. Address Piedmont 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.