

Registration District No. **371**

Primary Registration District No. **6261**

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

1. PLACE OF DEATH:

(a) County **Webster**

(b) City or town **Rogersville, Rural W. Benton**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1**  
(Specify whether)

In this community **1**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Webster**

(c) City or town **Rogersville, Rural W. Benton**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John Melton**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **3**  
year **1944** hour **4** minutes **25 p.** M.

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased: **Jan 1 1876**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 4** to **Sept 3** 19**44**  
that I last saw him alive on **Sept 2** 19**44**  
and that death occurred on the date and hour stated above.

8. AGE: Years **68** Months **7** Days **2** hr. \_\_\_\_\_ min.

Immediate cause of death **Cerebral apoplexy**

Due to **Atherosclerosis**

9. Birthplace **Greene co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

Other conditions (Include pregnancy within 3 months of death) **g2d**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **Ancie Melton**

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

14. Maiden name **Mary Willoughby**

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

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 \_\_\_\_\_

16. (a) Informant **J. E. Weaver**

(b) Address **Rogersville Mo.**

17. (a) **Burial** (b) Date thereof **Sept 5-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mullendaud Cem**

18. (a) Signature of funeral director **Kelley Ferrell**

(b) Address **Rogersville Mo**

19. (a) **Sept 20-1944** (b) **Lucie O. Beule**  
(Date received local registrar) (Registrar's signature)

23. Signature **Engel M. Muenier** (M. D. or other) \_\_\_\_\_  
Address **Rogersville Mo** Date signed **9-7-44**

1041

RECEIVED

District Health Officer No. 6,

District File Number 1044-1057

Date Filed OCT 16 1944

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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 H. H. Kelley

Licensed Embalmer No. 3734

P. O. Address Raymond 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.**