

FILED MAY 2 1945  
Registration District No. 354

Primary Registration District No. 6199

Registrar's No. ....

1. PLACE OF DEATH:

TEXAS  
(a) County Mountain-Grove-(Rural)  
(b) City or town Mountain-Grove, Mo.  
(c) Name of hospital or institution: No  
(d) Length of stay: Lifetime  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri (b) County Texas  
(c) City or town Mountain Grove, Mo.  
(d) Street No. Rural  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME DARREL WAYNE MELTON

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

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 3, 1931 (Month) (Day) (Year)

8. AGE: Years 13 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

12. Name Hugh Lee Melton  
13. Birthplace Texas County, Mo.

14. Maiden name Lou Dora Oliver  
15. Birthplace Hartville, Mo.

16. (a) Informant Hugh Lee Melton  
(b) Address Mountain Grove, Mo.

17. (a) Burial (b) Date thereof 2/27/45  
(c) Place: burial or cremation: Stubbs Cemetery

18. (a) Signature of funeral director: [Signature]  
(b) Address Mountain Grove, Mo.

19. (a) 4-10-45 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24  
year 1945 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 5 P.M. Feb. 24, 1945, to 6 P.M. Same 1945; that I last saw him alive on No data 19...

Immediate cause of death: Chest and neck crushed

Due to: Falling from wagon under left wheel (front) thereof  
Due to: Unavoidable accident, wagon drawn by tractor.

Other conditions: (Include pregnancy, within 3 months of death)

Major findings: Of operations: [Signature]  
Of autopsy: [Signature]

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify): Accidentally killed  
(b) Date of occurrence: February 24, 1945.  
(c) Where did injury occur? On farm, Texas, Mo.  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm

While at work? Yes (Specify type of place) Crushed chest.  
(e) Means of injury

23. Signature: [Signature] (City or town) Cabool, Missouri (State) Missouri (Date signed) 3/3/45

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

RECEIVED

District Health Officer No. 6,

District File Number 445-502

Date Filed APR 25 1945

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 J. H. Moffat.....

Licensed Embalmer No. 2996.....

P. O. Address Mountain Grove 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.