. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16451

FILED MAY 16 1945

Registration District No. ____ Primary Registration District No. 2007 Registrar's No. 131

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brandon Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 weeks (Specify whether years, months or days)
In this community: 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler
(c) City or town: Poplar Bluff (If outside city or town limits, write "RURAL")
(d) Street No.: Rural Route # 3 (If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mattie 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: Widow
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 5 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	10	23	hr. min.

9. Birthplace: Tenn. (City, town, or county) / (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER
12. Name: Unknown Tanner
13. Birthplace: Tenn. (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name: Unknown Bishop
15. Birthplace: Tenn. (City, town, or county) / (State or foreign country)
16. (a) Informant: Mrs Millie Mallory
(b) Address: Poplar Bluff Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-29-45 (Month) (Day) (Year)
(c) Place: burial or cremation: City
18. (a) Signature of funeral director: Frank-Cottrell
(b) Address: Poplar Bluff Mo
19. (a) 5-2-45 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1945 hour 3 minute 05 A.M.
21. I hereby certify that I attended the deceased from April-11th, 1945, to April-28th, 1945 and that I last saw him alive on April 27th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-Condition	4-11-45
Due to Arthritis	2-15-45
Due to senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 92	
Of autopsy	

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: [illegible] (M. D. or other)
Address: Poplar Bluff Mo Date signed: 5-2-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 545-727
Date Filed 5-11-45

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 Frank W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.