

No. 2
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17-39
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FILED JUL 12 1945
Registration District No. **238**

Primary Registration District No. **5821**

Registrar's No. **93**

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural R. 4, PARISH MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sikeston Mo R 3 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 40 yrs

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County New Madrid

(c) City or town Monett, MO 72
(If outside city or town limits, write "RURAL") C.

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME THOMAS EDGAR MELTON

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1945 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2-20
1945, to 2-20, 1945

that I last saw him alive on 2-20, 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ruby Ethel 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct 10 1888
(Month) (Day) (Year)

Immediate cause of death Prncech-frenidston Duration
collapse of lungs

8. AGE: Years 56 Months 5 Days 8 If less than one day
hr. _____ min. _____

Due to _____

Due to _____

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

9. Birthplace Paducah Ky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings:
Of operations _____

Of autopsy _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name Will Melton

13. Birthplace DK 1
(City, town, or county) (State or foreign country)

14. Maiden name DK 1

15. Birthplace DK 1
(City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Sikeston Mo

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 _____

18. (a) Signature of funeral director W. L. G. Funeral Home

(b) Address Sikeston Mo

19. (a) June 15 1945 (b) Helen Louise Jones
(Date received local registrar) (Registrar's signature)

23. Signature J. E. M. Clure (M. D. or other) _____
Address Sikeston Mo Date signed 4-6-45

RECEIVED

District Health Office No.

District File Number 745-98

Date Filed 7-11-4

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 *Raymond Crews*

Licensed Embalmer No. 8467

P. O. Address *Sikeston 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20909
Registrar's No. 93

Registration District No. 238

Primary Registration District No. 5821

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural St. James Missouri
(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 _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County New Madrid
(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME Thomas E. Melton

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Oct 10
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days _____ (If less than one day)
hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Ruby Melton

(b) Address Sikeston, Mo R. 3

17. (a) _____ (b) Date thereof 3-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Helen Louise Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 8
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 13 March 1945
to March 18 1945
that I last saw her alive on March 13 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis 5 day

Due to _____

Due to _____

Other conditions Chr. Cardiac
(Include pregnancy within 3 months of death)
Valvular disease

Major findings:
Of operations _____

Of autopsy gtd

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. C. McClure (M. D. or D. O.) 9-29-45

Address Sikeston Mo Date signed _____

SUPPLEMENT

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

MOTHER FATHER

