No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5311

FILED MAR 12 1946

Registration District No. 128

Primary Registration District No. 5465

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural, N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R#6, Box 165
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Rural, Springfield, N. Campbell Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. R-7-D #6 Box 165
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME CHARLES P. MELTON.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWER 2

6. (b) Name of husband or wife UNK.

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased NOV. 23, 1866 (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace UNK. (City, town, or county) N. CAROLINA (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business FARMING

FATHER
12. Name John Melton
13. Birthplace UNK. (City, town, or county) N. Car. (State or foreign country)

MOTHER
14. Maiden name (UNK.) Mills
15. Birthplace UNK. (City, town, or county) N. Car. (State or foreign country)

16. (a) Informant Mrs. J. C. Britton
(b) Address R6 Box 165, Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hall Cemetery

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.

19. (a) 2-12-46 (Date received local registrar) Dr. T. E. Hanley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10th year 1946 hour 12 minute 00 NOON M.

21. I hereby certify that I attended the deceased from 2/10, 1946, to 2/10, 1946 that I last saw him alive on 2/10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 1 day

Due to Hypertension

Due to Pernicious Anemia

Other conditions 1st Cerebral Hem. (Include pregnancy within 3 months of death) Sept 10 45

Major findings: Of operations Parasyco Rig. Side

Of autopsy No. 8 30

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

23. Signature S. F. Forlemon (M. D. 2/11/46)

Address Citizens Bank Bldg. Date signed 2/11-46

Spfld Mo

(Licensed Embalmer's Statement on Reverse Side)

3 1947

AUG 13 1947

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 Ray Arlewin

Licensed Embalmer No. 1763

P. O. Address Springfield 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.

X