No. 2
-8-43
-17-39
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

24593

State File No.

FILED AUG 12 1946

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 103

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McFarland Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days. (Specify whether
In this community 28 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Highway 63 North
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs Lillian Melton

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Bert Melton

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

7. Birth date of deceased March (Month) 19 (Day) 1891 (Year)

8. AGE: Years 55 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation Homemaker

11. Industry or business

FATHER
12. Name Allen Hilmer
13. Birthplace (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Bert Melton

(b) Address Rolla, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/46 (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Alfred J. Smith

(b) Address Rolla, Mo

19. (a) July 8, 1946 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th year 1946 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from July 1, 1946, to July 7, 1946 that I last saw her alive on July 7, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of intestines.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)

Address Rolla, Mo Date signed 7-8-46

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(Licensed Embalmer's Statement on Reverse Side)

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.