

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 17 1946

Registration District No. 237

Primary Registration District No. 6145

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Lakewood, Mo
(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 _____ years, months or days 4 2/4

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby

(c) City or town Lakewood
(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 Mrs Emma Melton

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1946 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from March
_____, 1946, to Sept 16, 1946
that I last saw him alive on Sept 15, 1946
and that death occurred on the date and hour stated above.

4. Sex Fe M. 5. Color or race W

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

6. (b) Name of husband or wife John A. Melton 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Jan 3 1884
(Month) (Day) (Year)

Immediate cause of death acute myocarditis Duration 6 da

8. AGE: Years 62 Months 8 Days 13 If less than one day _____ hr. _____ min.

Due to Heart disease on Chances & Nephritis

Due to _____

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

10. Usual occupation Housewife

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

Major findings: 132

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Albert W. Algair

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

14. Maiden name Lottie Harris

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant J. A. Melton

(b) Address Lakewood, Mo

17. (a) Burial (b) Date thereof Sept 18 '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Mo

18. (a) Signature of funeral director Hamilton and Co

(b) Address Clarence Mo

19. (a) Sept 28 46 (b) Quinn Jarner
(Date received local registrar) (Registrar's signature)

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. L. Simpson (M. D. or other) Mo

Address Shelbina Mo Date signed Sept 18

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

MOTHER FATHER

Frank Grubb

RECEIVED
District Health Officer No. 10
District File Number 10-46-1824
Date filed - OCT-14-1946

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.....

Paul E. Hayes
working under my personal supervision.

Registered Apprentice No. *417*

Signed *Jack N. Hayes*

Licensed Embalmer No. *3699*

P. O. Address *Shelbina, 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.