

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED APR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

12445

State File No. _____
 Registrar's No. 117

Registration District No. 38 Primary Registration District No. 3006

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

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 80 Years (Specify whether
 In this community 80 Years
years, months or days)

3. (a) PRINT FULL NAME JAMES THOMAS MELVIN
 3. (b) If veteran, name war None 3. (c) Social Security None
None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Sarah Melvin 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 5 - 2 - 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Hugh Jackson Melvin

13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Coats

15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Coats

(b) Address Route 3, Columbia, Mo.

17. (a) Burial (b) Date thereof 4-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olivet Cemetery

18. (a) Signature of funeral director Parson Funeral Service
Columbia, Mo.

(b) Address _____
 19. (a) 4-15-47 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone 10
Columbia 0
 (c) City or town _____
(If outside city or town limits, write "RURAL") 0
 (d) Street No. Route 3 _____
(If rural, give location) 1
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 12
 year 1947 hour 12 minute 40 P.M.
 21. I hereby certify that I attended the deceased from Apr. 1, 1947
2 1947 to Apr. 12 1947
 that I last saw him alive on Apr. 12 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis Duration
 Due to Influenza

Due to _____

Other conditions 33 B
(Include pregnancy within 3 months of death)

Major findings: 33 B
 Of operations _____

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?

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

23. Signature J. M. Griffith (M. D. or other) 24-0

Address Columbia Mo Date signed 4/15/47

Date Filed: 4-23-47
District File Number: _____
District Registrar: _____
RECEIVED

MAY 6 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 M. D. Whitfield
Licensed Embalmer No. 3893
P. O. Address Columbia 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.