

S. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20399

State File No. _____

FILED JUN 26 1947

Registration District No. _____

Primary Registration District No. 2016

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
208 E. McCarty Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 31 years
years, months or days

3. (a) PRINT FULL NAME Edmond J. Melin

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

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

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

7. Birth date of deceased May 23 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 25 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Osage C. unty, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk State Highway Dept

11. Industry or business _____

12. Name Phelix Melin

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

14. Maiden name Maria Dubrouillet

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

16. (a) Informant Margaret Melin Gell

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof June-20-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Chas. J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 6-20-47 (b) R. P. Harris, M.D.
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 208 East McCarty Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 18
year 1947 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from A
Dead when I viewed 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death gun wound to brain Duration _____
Due to gun shot wound self inflicted
Due to _____

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

Major findings: Of operations 40
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) suicide

(b) Date of occurrence 6-18-47

(c) Where did injury occur? Jefferson City, Cole 200
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home

While at work? no (Specify type of place) (c) Means of injury autopsy coroner

23. Signature J. T. Reslie (M. D. or other) _____

Address Jefferson City Date signed 6-20-47

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

6
5
4

Date Filed 6-25-47
District File Number

District Health Officer No. 9,
RECEIVED

JUL - 2 1947

JUL 1 1947

FEB 6 1948

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 Ferd P Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.