S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 19 1947

Registration District No. 1626

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 28119

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Joplin General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 25 yr's.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 2021½ Main St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ella C. MELTON
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Frank S. Melton
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October (Month) 2nd. (Day) 1872 (Year)

8. AGE: Years 74 | Months 9 | Days 13 | If less than one day: hr. min.

9. Birthplace: Baltimore (City, town, or county) Md. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: John Graham
13. Birthplace: Maryland (City, town, or country) (State or foreign country)
14. Maiden name: Julia F. Barretman
15. Birthplace: Mass. (City, town, or county) (State or foreign country)
16. (a) Informant: John Melton
(b) Address: 1715 Empire St. Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Hope Cemetery
18. (a) Signature of funeral director: Thornhill-Dillon Mort
(b) Address: 305 West 4th St Joplin Mo.
19. (a) 7-17-47 (Date received local registrar) (b) Dolores Lamplins OR (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 15th year: 1947 hour: 1:15 minute: P. M.
21. I hereby certify that I attended the deceased from Feb. 1947 to July 15 1947 that I last saw her alive on July 15, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart & Respiratory failure	
Due to: Carcinoma pancreas	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Carcinoma pancreas	

PHYSICIAN
Underline the cause of 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: C. E. Heilman M.D. (M.D. or other)
Address: Joplin Date signed: 7/16/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

47-8-650

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.