

FILED OCT 31 1947

Registration District No. **314**

Primary Registration District No. **6062**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **St. Clair**

(b) City or town **Vista**
(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 **74 years**
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Alvin B. Meloy**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Male** Color or race **White**

5. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Floy Meloy**

6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **January 28 1863**
(Month) (Day) (Year)

8. AGE: Years **84** Months **6** Days **21** If less than one day hr. _____ min. _____

9. Birthplace **Henry County Missouri**
Farmer (country) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name **John Meloy**

13. Birthplace **Unknown**

14. Maiden name **Nancy Smith**

15. Birthplace **Unknown**

16. (a) Informant **Mrs. Viola Meloy**

(b) Address **Vista Missouri**

17. (a) **Burial** (b) Date thereof **8-21-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Osceola Cemetery**

18. (a) Signature of funeral director **F.B. Goodrich**

(b) Address **Osceola Missouri**

19. (a) **9-1-1947** (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri St. Clair 93

(a) State **Vista** (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **19** year **1947** hour **8** minute **50** A.M.

21. I hereby certify that I attended the deceased from **July 6 1947** to **August 19 1947**; that I last saw him alive on **August 13 1947**; and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **Arteriosclerosis**

Due to **Senility**

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? _____

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

23. Signature **P. Mark Todd** (M.D. or other) _____
Address **Osceola, Missouri** Date signed **8-20-47**

Date Recd. _____
10-30-47
9-24-47-1267
Dist. _____
P.O. _____

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 J. B. Goodrich
Licensed Embalmer No. 3038
P. O. Address Oreana, 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.