

S. No. 2
M-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11962**

FILED MAY 6 1948

Registration District No. _____

Primary Registration District No. **4144**

Registrar's No. **55**

1. PLACE OF DEATH

(a) County **Cooper**

(b) City or town **Pilot Grove**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **none**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days)

In this community **21 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**

(c) City or town **Pilot Grove**
(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 **---**

3. (a) PRINT FULL NAME **NANCY-CHARA-MELLOR**

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

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17**
year **1948** hour **8:40** minute **---** H. M.

21. I hereby certify that I attended the deceased from **February 1948** to **April 17 1948**
that I last saw her alive on **April 17 1948**
and that death occurred on the date and hour stated above.

4. Sex **Fem.** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widowed**

(b) Name of husband or wife **Paul Mellor**

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

7. Birth date of deceased **Dec -19-1863**
(Month) (Day) (Year)

Immediate cause of death **CARDIAC FAILURE**
MARKED PULMONARY CONGESTION,
Heart Failure

Duration **2 days 26 hrs**

Due to **Chronic Mitral & Aortic Valvular Incompetency**

Due to **Hypertension Chronic**

Other conditions **---**
(Include pregnancy within 3 months of death)

8. AGE: **84** Years **3** Months **28** Days **---** hr. **---** min.

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

10. Usual occupation **Housewife**

Major findings: **975**
Of operations **---**

Of autopsy **---**

PHYSICIAN **---**
Underline the cause to which death should be charged statistically.

11. Industry or business **Same as above**

12. Name **Mary Schuster**

13. Birthplace **unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. T. Mellor**

(b) Address **Pilot Grove Mo**

17. (a) **Burial** (b) Date thereof **4-19-48**
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation **Lamine Mo**

18. (a) Signature of funeral director **Hays + Painter**

(b) Address **Pilot Grove Mo**

19. (a) **4-19-48** (b) **E. T. Mellor**
(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 **E. T. Humphreys** (M. D. or other) **MD**
Address **Pilot Grove, Mo** Date signed **4/17/48**

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-5-48

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.....

.....
working under my personal supervision.

Signed.....

Registered Apprentice No.....

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Me

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.