

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12763
Registrar's No. 1604

FILED APR 24 1948
Registration District No. 149

Primary Registration District No. 1002

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

48
3
8

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
401 E. 36th St. Conv. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Yrs. (Specify whether
In this community 50 Yrs years, months or days)

3. (a) PRINT FULL NAME Mr. Richard Melton
3. (b) If veteran, name war No 3. (c) Social Security No. NO

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia Melton 6. (c) Age of husband or wife if alive 72 years 1868
7. Birth date of deceased Sept. 23 (Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Richard Melton
13. Birthplace Va. (City, town, or county) (State or foreign country)
14. Maiden name Alma Parks (City, town, or county) (State or foreign country)
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.D. Sayles

(b) Address Clinton, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-9-48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Elemwood Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address Kansas City, Mo.

19. (a) 4-12-48 (Date received local registrar) (b) Thereldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 401 E. 36th (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 8 year 1948 hour 10 minute 45 P.M.
21. I hereby certify that I attended the deceased from 2-2-38 to 4-8-48 that I last saw him alive on 4-8-48 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 6 days
Due to Cerebral Arteriosclerosis many yrs.
Generalized Arteriosclerosis
Due to
Other conditions Terminal Hypostatic Pneumonia 2 days (Include pregnancy within 3 months of death)

Major findings: Of operations 838 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) (e) Means of injury
23. Signature Harold M. Roberts (M. D. or other) M.D. Address 1530 Prof. Bldg. Date signed

Dr. Flavel M. Roberts
Bldg. Bldg.
NOT OFFICIAL
J. H. R. R.

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

May E. Meyer, Registered Apprentice No. 49
working under my personal supervision.

Signed J. L. Shepard
Licensed Embalmer No. 4179
P. O. Address K. C. 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.