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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **136686**

Registration District No. **282**

Primary Registration District No. **5979**

Registrar's No. **46**

1. PLACE OF DEATH:

(a) County **Falk**

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

(c) Name of hospital or institution:  
**1 mile North of Brighton**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1** (Specify whether)

In this community **2 weeks**  
years, months or days

3. (a) PRINT FULL NAME **Dora Ellen Melton**

3. (b) If veteran, name war **none**

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

4. Sex **Female**

5. Color or **White**

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

(b) Name of husband or wife **AGER JAMES MELTON**

6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **May 5, 1873**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>74</b>	<b>11</b>	<b>9</b>	hr. min.

9. Birthplace **Greene Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Housework**

MOTHER FATHER

12. Name **Jesse Mason**

13. Birthplace **Greene Co. Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Rebecca Jane Melton**

15. Birthplace **Greene Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **G. J. Melton**

(b) Address **Brighton, Mo.**

17. (a) **Rural** (b) Date thereof **April 16, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Yeakley Chapel**

18. (a) Signature of funeral director **Blair**

(b) Address **Bolivar, Mo.**

19. (a) **April 16, 1948** **Ralph Garden**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **1 mile North of Bolivar**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14**  
year **1948** hour **5:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 14, 1948** to **April 14, 1948**  
that I last saw her alive on **April 14, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxiation and 2nd. and 3rd. Degree Burns**

Due to **over entire body.**

Due to **Getting Bed on Fire.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **186**

Of autopsy **no**

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) **Accident 84**

(b) Date of occurrence **April 14, 1948**

(c) Where did injury occur? **Brighton, Falk, Mo.**  
(City or town) (County) (State)

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

While at work? **no** (e) Means of injury **Fire 3**

23. Signature **William B. Ewing**  
Address **Bolivar, Mo.** Date signed **4/16/48**

(Indeped Embanner's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 3-8-25

Date Filed 4-19-28

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.....

James R. Phillips....., Registered Apprentice No. 215  
working under my personal supervision.

Signed Edward B. Erwin

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md.

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.