

FILED JUN 7 1948

Registration District No. _____

Primary Registration District No. **4095**

Registrar's No. **89**

1. PLACE OF DEATH:
Cass
(a) County **Cass**
(b) City or town **Drexel**
(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 _____ (Specify whether)
In this community **7 years**
years, months or days

3. (a) PRINT FULL NAME **Charles Albert Melchert**
3. (b) If veteran, name war **no** 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Eva Gillette** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **July 14, 1865**
(Month) (Day) (Year)

8. AGE: Years **82** Months **##** Days **10** 13 If less than one day
hr. min.

9. Birthplace **Davenport Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Tool and die maker**

11. Industry or business _____

MOTHER FATHER { 12. Name **Not known Melchert**
13. Birthplace **not known Iowa**
(City, town, or county) (State or foreign country)
14. Maiden name **Not known Jones**
15. Birthplace **not known Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Richard Melchert**
(b) Address **Drexel Missouri**

17. (a) **burial** (b) Date thereof **5-29-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Walter B. Runyan**

(b) Address **Louisburg Kansas**

19. (a) **5-28-48** (b) **Laura J. Jones**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cass**
(c) City or town **Drexel**
(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 **May** day **27**
year **1948** hour **12** minute **30** a. m.

21. I hereby certify that I attended the deceased from **April 25**, 19**48** to **May 27**, 19**48**
that I last saw him alive on **May 26**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive Heart Failure** Duration **2 wk.**

Due to **Hypertensive Heart Disease** **6 yrs**

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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) (a) Means of injury _____

23. Signature **Basel O. Hartwell** (M.D. or other) **MD**
Address **Drexel, Missouri** Date signed **5-28-48**

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

19
0
0

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 Ward B. Runyan

Licensed Embalmer No. 3222

P. O. Address Southern House

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.