

FILED JUN 26 1948  
Registration District No. **3rd 22**

Primary Registration District No. **3021**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County **Saline**  
(b) City or town **Slater**  
(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 **50 years** (Specify whether years, months or days)  
In this community **50 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Saline** **97**  
(c) City or town **Slater** **2**  
(If outside city or town limits, write "RURAL") **1**  
(d) Street No. **1**  
(If rural, give location) **0**  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Walter Clark McMellen**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **709-12-2847**

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

6. (b) Name of husband or wife **Annie McMellen** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **February 8 1875**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **4** Days **5** If less than one day hr. min.

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

10. Usual occupation **retired R.R. worker**

11. Industry or business \_\_\_\_\_

12. Name **David B. McMellen**

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

14. Maiden name **Permelia McMellen**

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

16. (a) Informant **Mrs. Annie McMellen**

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

17. (a) **burial** (b) Date thereof **6-15-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Slater, Mo.**

18. (a) Signature of funeral director **Hill Brothers,**  
(b) Address **Slater, Mo.**

19. (a) **6-19-48** (b) **Mr. Earl C. Retz**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **13th**  
year **1948** hour **9:10** minute **a** M.

21. I hereby certify that I attended the deceased from **June 13 1948**  
to **June 13 1948**  
that I last saw him alive on **June 13 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypostatic pneumonia** **3 days**  
**Cerebral hemorrhage** **2 weeks**  
**Hypertensive Cardiovascular Disease** **10-15 yrs**  
Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: **13/16**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 site of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **[Signature]** (M. D. number) **0**  
Address **Slater, Mo.** Date signed **6-14-48**

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

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

2  
2  
39  
32873

JAN 22 1949

JUN 26 1948

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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..... *Sam M Hill*.....  
.....  
Licensed Embalmer No..... *1292*.....  
P. O. Address..... *Slater 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.