

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4076

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY MORGAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS, MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FRANKLIN	
c. LENGTH OF STAY (In this place) 117 days		d. STREET ADDRESS (If rural, give location) R.R. #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION WET. ADMIN. HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) ARTHUR c. (Last) MELLOR			4. DATE OF DEATH (Month) (Day) (Year) JUNE 28, 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 5, 1890	9. AGE (In years last birthday) 60	10. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MORGAN COUNTY, ILLINOIS	

13a. FATHER'S NAME GEORGE MELLOR	13b. MOTHER'S MAIDEN NAME ELLEN ATKINSON	14. NAME OF HUSBAND OR WIFE MARGARET L.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME V.A. HOSPITAL RECORDS, JEFF. BRKS, MO.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC CARCINOMA OF THE STOMACH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. EMPHYEMA, RIGHT CHEST		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 3 mos
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19a. DATE OF OPERATION 3-27-50	19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF THE STOMACH WITH EXTENSION TO THE OESOPHAGUS	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **MARCH 4, 1950**, to **JUNE 28, 1950**, and that death occurred at **8:30A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> CHIEF, PROFESSIONAL SERVICES	23b. ADDRESS V.A. HOSPITAL, JEFFERSON BARRACKS	23c. DATE SIGNED 6-28-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 1, 1950	24c. NAME OF CEMETERY OR CREMATORY Murrayville,	24d. LOCATION (City, town, or county) (State) Murrayville, Illinois
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DATE REC'D BY LOCAL REG. 6-28-50	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE THOMPSON FUNERAL HOME - Murrayville, Ill.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

40000

VS SEP 29 1959

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.

Student Embalmer No.

Signed

John E. Thompson

Signed.....

Student Embalmer

Licensed Embalmer No. *911 1307*

P. O. Address *Missouriville Ill*

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.