

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 6 1944

Registration District No. 390

Primary Registration District No. 6/61

Registrar's No.

1. PLACE OF DEATH

(a) County Stone
(b) City or town Cape Fair Rural
(c) Name of hospital or institution First Cook Farm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community. years, months or days

3. (a) PRINT FULL NAME John Calvin Melton

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race w. 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Alice Esbeth Melton 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 9 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 8 hr. min.

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

10. Usual occupation Framer

11. Industry or business

12. Name James A. Melton
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Emily
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Cape Fair
(b) Address Cape Fair
17. (a) April (Burial, cremation, or removal) (b) Date thereof 2-20-44 (Month) (Day) (Year)
(c) Place: burial or cremation Cape Fair

18. (a) Signature of funeral director W. D. Roan
(b) Address Cassville Mo
19. (a) Feb-29-1944 (Date received local registrar) (b) Grace White (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day January year 1944 hour 17 minute 11 M.
21. I hereby certify that I attended the deceased from 2 January 1944 to February 11 1944
that I last saw him alive on February 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
Metastasis to liver

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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)
(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?
(Specify type of place)
While at work (e) Means of injury
23. Signature Ben Newman (M. D. or other)
Address Cassville Mo Date signed 2-18-44

JAN 21 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~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

W. C. Koon

Licensed Embalmer No.

4359

P. O. Address

Cassville, 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.