

No. 3900  
-10-47  
-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36266

FILED NOV 23 1948  
Registration District No. 3023

Primary Registration District No. 3023

Registrar's No. 273

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

1. PLACE OF DEATH:

(a) County Henry  
 (b) City or town Clinton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution  
307 n 2nd st 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 59 years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry 42  
 (c) City or town Clinton mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 307 North 2nd st 2  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No) 0  
 - If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MELVINA DEAN  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced wid  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years  
 7. Birth date of deceased April 7 - 1858  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 7 9 hr. min.

9. Birthplace Pikeville Ky.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

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

12. Name Henry Howard

13. Birthplace unknown Ky.  
 (City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mrs. Rentesler  
 (b) Address Clinton mo

17. (a) Burial (b) Date thereof 11-19-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Paulist Peck

(b) Address Clinton mo

19. (a) 11-19-48 (b) R.R. Kenney  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16  
 year 1948 hour 8 minutes 00 P.M.  
 21. I hereby certify that I attended the deceased from June 1946 to Nov. 16 1948  
 that I last saw her alive on Nov. 16 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death lobar pneumonia Duration 2 days  
 Due to acute hepatitis 10 days

Due to senility

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 108

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? 3

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature R. J. Powell (M., D., or other) Dr  
 Address Clinton mo Date signed 11/24/48

RECEIVED

District Health Officer No. 7

District File Number 20-48-25

Date Filed 11-22-48

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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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.**