S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37602

FILED NOV 16 1945

Registration District No. 1 5 1 Primary Registration District No. 2011 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 521 W. 3rd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 18 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 521 West 3rd St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY E. MELUGIN
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas E. Melugin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 6 (Day) 1859 (Year)
8. AGE: Years 85 Months 9 Days 29 If less than one day hr. min.
9. Birthplace Jasper County, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Jasper County, (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Ann Brown
15. Birthplace X (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. H. M. Weidman
(b) Address 521 W. 3rd St., Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Arthur Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri
19. (a) 10-8-45 (Date received local registrar) (b) Ed D Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5, year 1945 hour 10:00 minute A. M.
21. I hereby certify that I attended the deceased from July 16, 1945, to Sept. 25, 1945 that I last saw her alive on Sept. 23, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cancer of the left Ovarit.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 55h
Of autopsy

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?
While at work (Specify type of place) (e) Means of injury
23. Signature Mary L. Mack (M. D. or other) M.D.
Address Joplin, Mo. Date signed 10/16/45

1404 (Licensed Embalmer's Statement on Reverse Side)

45-10-853

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 Ed Lillmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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.