

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37410

State File No. _____

4925

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		3. <u>113</u> 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2904 Charlotte</u>				d. STREET ADDRESS (If rural, give location) <u>2904 Charlotte</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MABEL MARIE</u>		b. (Middle) <u>MEHURON</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 20 1949</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Jan 15 1896</u>	
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (State or foreign country) <u>Macon Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>George Bragg</u>		13b. MOTHER'S MAIDEN NAME <u>Alma Redwill</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Luther Melmon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm Luther Melmon No 420</u>			
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) <u>General Scurvinitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 mos</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sucrose of L. Tubia</u>				<u>18 mos</u>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>190+</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>Aug 20, 1949</u> , to <u>Mar 20, 1949</u> , that I last saw the deceased alive on <u>Mar 15, 1949</u> , and that death occurred at <u>7:20</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J.G. Sheldon</u>				23b. ADDRESS <u>922 Walnut St. C. Mo</u>		23c. DATE SIGNED <u>11-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kaplata Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Kaplata Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-20-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Canada & Larry Holden</u>			

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

tibia

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

M. L. Canaday

Licensed Embalmer No.

3494

P. O. Address

Halder 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.