CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY.

REC'D AUG 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24610
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain ~~Hosp~~ — Registration District No. 26
(b) Township ~~Salt River~~ — Primary Registration District No. 3002 — Registered No. 103
(c) City Mexico Mo — (d) Street No. Audrain Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

4 4 2

2. PRINT FULL NAME Betty Catherine Appling 145
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15-1938
7. AGE YEARS MONTHS DAYS — If LESS than 1 day, ...hrs. or ....min. — Still born

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME Homer David Appling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery City Missouri

MOTHER
15. MAIDEN NAME Marie Catherine Oliver
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery City Missouri

17. INFORMANT Homer David Appling
(ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wellsville Mo DATE July 15- 1938

19. FUNERAL DIRECTOR (NAME) F.W. Kuhne
(ADDRESS) Wellsville Mo

20. FILED July 15, 1938 Blanche Neely
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1938, to July 15-38, 19....
Stillborn
I last saw h.. alive on ...., 19...... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows: Date of onset
Stillborn

Other contributory causes of importance: mother had mild diabetes

Name of operation none Date of
What test confirmed diagnosis? no Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury —, 19....
Where did injury occur? no injury
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
—
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Harry F. O'Brien, M. D.
(Address) Mexico Mo

23

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.