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

Registration District No. 761

primary Registration District No. 4456

Registrar's No. 37

DEC 17 1940

1. PLACE OF DEATH

(a) County St. Clair  
(b) City or town Appleton City Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 10 street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Home  
In this community 210 yrs (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair  
(c) City or town Appleton City  
(If outside city or town limits write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

FRED DOUGLAS GHISM

3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 25  
year 1940 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 1, 1940, to Nov 5, 1940;  
that I last saw him alive on Nov 4, 1940;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race BLACN 5. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Angelina Carter 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased: NOV 29 1866  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis  
Due to Chronic Arthritis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) ABC

8. AGE: Years 73 Months 12 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Versailles Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name General Ghism

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

14. Maiden name Not Known

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

16. (a) Informant Angelina Ghism  
(b) Address Appleton City Mo

17. (a) Burial (b) Date thereof NOV 8 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Mo

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City Mo

19. (a) Nov 7 1940 (b) Elis Lindsey  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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? Y  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature A. P. Homan (M. D. or other) MO  
Address Appleton City Mo Date signed 11-7-40

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1717

Date Filed 12-5-40

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 MOE  
on the 5th day of Nov, 1940, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City

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

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