

ED JAN 17 1941

Registration District No. **447**

Primary Registration District No. **4265-**

52

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

1. PLACE OF DEATH:

(a) County **Knox**
(b) City or town **Plouvie** **Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **all his life** years, months or days

3. (a) PRINT FULL NAME **William B. Applegate**

3. (b) If veteran, name war **WW** 3. (c) Social Security No. **✓**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nancy Ellen Applegate** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **July 31 1862** (Month) (Day) (Year)

8. AGE: Years **78** Months **4** Days **21** If less than one day hr. min.

9. Birthplace **Knox Co. Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

12. Name **William Applegate**

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

14. Maiden name **Elizabeth Rice**

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

16. (a) Informant **Myrl Applegate**

(b) Address **Plouvie**

17. (a) **Buried** (b) Date thereof **12-23-40** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Herbman Cemetery**

18. (a) Signature of funeral director **William B. Applegate**

(b) Address **Shelburne Mo**

19. (a) **Dec 30 1940** (b) **Mac M. Smith** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Knox**

(c) City or town **Plouvie** (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **22** year **1940** hour **11:00** minute **AM**

21. I hereby certify that I attended the deceased from **Dec 18** to **Dec 22** 19**40** that I last saw him alive on **Dec 22** 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **Chronic** 131

Due to **Chronic**

Other conditions **Chronic Nephritis** (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? **395** (Specify type of place) While at work _____ Means of injury _____

23. Signature **Waldo Brown** (M. D. or other)

Address **Newark, Mo** Date signed **12/22/40**

RECEIVED

District Health Officer No. 10

District File Number 1-41-177

Date Filed JAN 13 1941

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 _____

E. W. Hawkins

Licensed Embalmer No. 3498

P. O. Address Bethel - 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, above space should be left blank.