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11-10-39
1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3427**

Registration District No. **553**

Primary Registration District No. **5746**

Registrar's No. **2**

1. PLACE OF DEATH: Mercer
 (a) County Mercer
 (b) City or town Rural, Marion Township
(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 40 years
(Specify whether years, months or days)
 In this community

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mercer
Rural, Marion Tph.
 (c) City or town Marion Tph.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: William Applegate
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Rebecca Applegate 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 12 25 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>1</u>	<u>2</u>	hr. <u>0</u> min. <u>0</u>

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

10. Usual occupation Farmer

11. Industry or business Own Farm

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Wisary
 (b) Address Dwight Road

17. (a) Burial (b) Date thereof Jan 29 41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Farley Cemetery

18. (a) Signature of funeral director C. O. Brunlee
 (b) Address Lineville, Iowa.

19. (a) Jan 29-1941 (b) S. P. Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 27
 year 1941 hour 2 minute 3 A.M.
 21. I hereby certify that I attended the deceased from Jan
1940 to Jan 27 1941
 that I last saw him alive on Jan 26 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
 Due to chronic nephritis
 Due to _____
 Other conditions 12/2
(Include pregnancy within 3 months of death)

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?
Yes
 While at work? _____ (Specify type of place)
 (7) - Means of injury _____
 23. Signature C. Dicketh (M. D. or other) 0
 Address Mercer, Mo. Date signed 1-29-41

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

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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.....

.....Ames L. Greenlee, L.E.#3967....., Registered Apprentice No.....
working under my personal supervision.

Signed

A. L. Greenlee

Licensed Embalmer No. 872

P. O. Address Lineville, Iowa.

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.