

FILED SEP 12 1941

Registration District No. **699**

Primary Registration District No. **5897**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Rural Lakecreek Twp.
(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 years, months or days)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Geanette Dappler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife John Dappler 6. (c) Age of husband or wife if alive 85 years
 7. Birth date of deceased Feb. 18 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Gargadab
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine Rudolph
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Dappler
 (b) Address Mora, Mo.

17. (a) Burial (b) Date thereof Aug 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Family Cem. Pettis Co.

18. (a) Signature of funeral director Ralph Stevens
 (b) Address Stover Mo

19. (a) Aug 10 1941 (b) Geo. L. Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd
 year 1941 hour 2 minute 30 A. M.

I hereby certify that I attended the deceased from July 15 1941 to July 31 1941
 that I last saw him alive on July 31 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Inflammation of gall duct 3 mks
7th jaundice
 Duration _____
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 1270

Major findings:

Of operations ✓
 Of autopsy ✓

PHYSICIAN

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? _____

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

23. Signature Geo. L. Thomas (M. D. Aug 2 41)
 Address Stover Mo Date signed _____

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

RECEIVED
District Health Officer No. 8,
District File Number
4-10-41
Date Filed

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 *Jewel Stevenson*
Licensed Embalmer No. *4073*
P. O. Address *Stover 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.