

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38659

FILED DEC 11 1941

Registration District No. 761

Primary Registration District No. 3034

State File No.

Registrar's No. 79

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Luxington, Mo.
(c) Name of hospital or institution:
215th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs. (Specify whether years, months or days)
In this community 10 yrs.

3. (a) PRINT FULL NAME THOMAS APPLEBY
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m. 1
6. (b) Name of husband or wife Sylvia Clark 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Feb. 3 1895
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Strutts, Del.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Robert Appleby
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Jane Ramsdell
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sylvia Appleby
(b) Address Luxington, Mo.
17. (a) Burial (b) Date thereof 12-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luxington, Mo.
18. (a) Signature of funeral director Winkler
(b) Address Luxington, Mo.
19. (a) 12-6-41 (b) Belva Bates
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Lafayette
(c) City or town Luxington
(If outside city or town limits, write "RURAL")
(d) Street No. 215th St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 28
year 1941 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov 14
1941 to Nov 28, 19 41
that I last saw him alive on Nov 28, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to

Due to

Other conditions Pulmonary tuberculosis
(Include pregnancy within 3 months of death)

Major findings: Chronic myocarditis
Of operations

Of autopsy 136

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)
(e) Means of injury —

23. Signature B. H. Brasher (M. D. or other)
Address Luxington, Mo. Date signed 2-6-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Brackley

RECEIVED

District Health Officer No. 8,

Police File Number.....

My File No. *12-10-41*.....

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.....

Garret F. Kempel

Licensed Embalmer No. *3275-*

P. O. Address..... *Livingston, Va.*

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.