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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1941

Registration District No. 7 6

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3038

State File No. 39600

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Saline City

(b) City or town 351 S. Benton Marshall 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

In this community Life 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State M O (b) County SALINE

(c) City or town MARSHALL RURAL 097
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. No 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SARAH MYRTLE APPLEGATE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FE 1

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife NEWTON APPLEGATE

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased November 3, 1884
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	11	29	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Joseph Brooks

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

MOTHER

14. Maiden name JANE BELL

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

16. (a) Informant Newton APPLEGATE

(b) Address MARSHALL MO R.F.D. No 1

17. (a) Burial (b) Date thereof 11-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park

18. (a) Signature of funeral director Hart Hershberger

(b) Address MARSHALL MO

19. (a) 11-4-41 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3
year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1941 to Nov 3 — 1941;
that I last saw her alive on Nov. 3 — 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of liver	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No
Of autopsy No

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A.C. Putnam (M.D. ~~or other~~)

Address Marshall Mo Date signed 11-4-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 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 Fred Wiekman

Licensed Embalmer No. 2478

P. O. Address Chandler, M

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

If this body is not embalmed, fact should be so stated above.