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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14125

State File No.

Registration District No. 221 Primary Registration District No. 5299 Registrar's No. 14

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town "Rural" Kelley Two
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper 27
(c) City or town Clarksburg "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 10. Mi. N.E. Tipton, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Native 0 years.

3. (a) PRINT FULL NAME Louella Apperson
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Feamale
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife William Apperson
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased July, 28, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	8	15	hr. min.

9. Birthplace Cooper County Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business Name none
FATHER
12. Name Jimmy York
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jane Hunt
15. Birthplace Cooper County Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Elmer Scholl
(b) Address Clarksburg, Mo. R.F.D.
17. (a) Removal (b) Date thereof 4/3/1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pisgah. Copper Co. Mo
18. (a) Signature of funeral director Jennie E. Richards
(b) Address Tipton, Mo.
19. (a) Apr-4-1942 (b) Mrs. W. W. Robien
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd
year 1942 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from March 31st., 1942 to April 3rd., 1942
that I last saw her alive on April, 3rd., 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	3 days
Due to Acute Dila of Right Heart	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

109.1

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 0
23. Signature J. F. Potts M.D. (M. D. or other)
Address Tipton Mo Date signed 4-3-42

1080 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5-5-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ were embalmed by me, or by Me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Jennie E. Richar
Licensed Embalmer No. 2464
P. O. Address Tipton 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.