

15294

State File No. ....

FILED MAY 20 1942

Registration District No. 577 726

Primary Registration District No. 3079 758

Registrar's No. 101

1. PLACE OF DEATH: (a) County Ralls  
 (b) City or town Hannibal Route 3  
 (c) Name of hospital or institution: Residence Hannibal Route 3  
 (d) Length of stay: In hospital or institution.....  
 In this community.....

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Marion  
 (c) City or town Hannibal  
 (d) Street No. R R 3  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME George Apel  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 13 year 1942 hour..... minute 1:30 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased May 28, 1884

21. I hereby certify that I attended the deceased from Apr 13 - 42 to Apr 13 1942  
 that I last saw him alive on Apr 13 - 42 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>10</u>	<u>15</u>	hr. min.

Immediate cause of death Cerebral embolus  
Cosmery thrombosis

9. Birthplace Quincy Illinois  
 10. Usual occupation Farmer

Due to.....  
 Due to.....  
 Other conditions Cerebral embolus  
 (Include pregnancy within 3 months of death)

11. Industry or business.....  
 12. Name Frederick Apel  
 13. Birthplace Germany  
 14. Maiden name Ernestine Glass  
 15. Birthplace Germany

Major findings: Of operations.....  
 Of autopsy.....  
 PHYSICIAN.....  
 Underline the cause to which death should be charged statistically.

16. (a) Informant G.W. Apel  
 (b) Address R.R. 3 Hannibal  
 17. (a) Burial (b) Date thereof 4/15/42  
 (c) Place: burial or cremation Mount Olive Cemetery  
 18. (a) Signature of funeral director Crawford Smith  
 (b) Address 202 Broad  
 19. (a) 4/17/42 (b) Robert W. Connor

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?.....  
 (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 A. B. Blue (M. D. or.....)  
 Address Hannibal Mo Date signed 4-15-42

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

MOTHER FATHER

1171

RECEIVED

District Health Officer No. 10

District File Number 5-42-1149

Date Filed 3 MAY 19 1942

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 James A Moles

Licensed Embalmer No. 3296

P. O. Address..... Hannibal Missouri

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.