S. No. 2
M—1-4-41
v. 5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1942

Registration District No. 780

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6168

State File No. 15841

Registrar's No. 5

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Walker Township (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: 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Vernon

(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? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: ANNIE LUCRETIA MAIZE

3. (b) If veteran, name war: no

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: C A Moore

6. (c) Age of husband or wife if alive: 86 years

7. Birth date of deceased: May (Month) 29 (Day) 1858 (Year)

8. AGE: Years 83 Months 10 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace: Lewisville (City, town, or county) Ky (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: —

FATHER 12. Name: Jacob Applegate

FATHER 13. Birthplace: Lewisville (City, town, or county) Ky (State or foreign country)

MOTHER 14. Maiden name: Elizabeth Henry

MOTHER 15. Birthplace: Centerville (City, town, or county) Ky (State or foreign country)

16. (a) Informant: Mrs. Jesse Farmer

(b) Address: Walker Mo R # 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 19 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Dungan Cemetery

18. (a) Signature of funeral director: J B Berry & Sons

(b) Address: Sheldon Mo

19. (a) 4-17-42 (Date received local registrar) (b) Ruby Stevens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Wednesday the 15th of April, 1942, to Friday April 17, 1942 that I last saw her alive on April 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy of Brain

Due to: Arterio Sclerosis

Due to: .....

Other conditions: Senility (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations: .....
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: C B Jones (M. D. ~~or other~~)

Address: Walker Mo Date signed 4/17/42

1235 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-42-494
Date Filed 5-13-42

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 Carroll T. Beery

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.