

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28320

State File No.

Registrar's No.

SEP 8 1942  
Registration District No. 3074

Primary Registration District No. 3074

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Liberton  
(c) Name of hospital or institution Sunset Addition  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay In hospital or institution 2 (Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME James Webster Apperson  
3. (b) If veteran World 3. (c) Social Security No.         

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Alberta Ashford 6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased Nov. 2 1894 (Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 22 If less than one day hr. min.

9. Birthplace McCool Miss. 1 (City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business         

MOTHER FATHER { 12. Name Jesse Ashford  
13. Birthplace McCool Miss. 1 (City, town, or county) (State or foreign country)  
14. Maiden name Victoria Miss. 1  
15. Birthplace McCool Miss. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Alberta Ashford  
(b) Address Liberton, Mo.

17. (a) Buried (b) Date thereof 8-30-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberton, Mo.

18. (a) Signature of funeral director Smith, James  
(b) Address 121 E. Main St. Liberton

19. (a) 8-29-42 (b) H. H. Thompson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott  
(c) City or town Liberton  
(d) Street No. Sunset Addition  
(If outside city or town limits, write "RURAL" and name of township)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country         

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 24 year 1942 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan. 10 - 1942 to 8-19-1942  
that I last saw him alive on 8-19-42, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease  
of Right Hemiplegia Duration 8 mos

Due to Chronic Nephritis Duration 12 mos

Other conditions (Include pregnancy within 3 months of death)         

Major findings: Of operations 131 Of autopsy          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?

While at work? (Specify type of place) (e) Means of injury         

23. Signature N. A. Lingal (M. D. or other)           
Address 204 S. Locust St. Charleston Mo. Date signed 8-16-42

RECEIVED

District Health Office No. 2,

District File Number 942-1133

Date Filed 9-3-42

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.....

*Frank Sparks*

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.