

FILED JAN - 9 1943

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 434

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St. Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution PCR # 1.1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME Joseph Appleton
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Unknown
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Unknown
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 65 hr. min.

9. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Missouri State Highway Department
 (b) Address _____

17. (a) Burial (b) Date thereof Dec. 8-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Dak Grove Cem. St. Charles

18. (a) Signature of funeral director V.C. Dallmeijer & Sons Inc.
 (b) Address 301 N. Second, St. Charles, Mo.

19. (a) 12-7-42 (b) Warren G. Cleasler
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Joseph 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 106 West Buffalo
 (If rural, give location)
 (e) Citizen of foreign country? Unknown (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 0500 P.M. following 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the _____ date and hour stated above.
 Immediate cause of death Shock
Exposure + Starvation
 Due to _____
 Due to _____
 Other conditions General Arteriosclerosis 10997
 (Include pregnancy within 3 months of death) sclerosis
 Major findings: _____
 Of operations ms
 Of autopsy ms 195299

Duration

3 da²

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 130

(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.P. Enrich Schufz Inc. (M. D. or other) _____
 Address St. Charles, Mo. Date signed 12/10/42

APR 30 1945

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.....

Was not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

John C. Dallmeyer

Licensed Embalmer No. *2951*

P.O. Address *St Charles Me*

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.