

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10192

FILED APR 14 1943
Registration District No. 128

Primary Registration District No. 5437

Registrar's No. 34

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town RURAL BOURBEAUX TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BLAND MO. ROUTE I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community ABOUT 3 1/2 MONTHS
years, months or days)

3. (a) PRINT FULL NAME THOMAS EGBERT APPLE JR.3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive — years7. Birth date of deceased NOV. 19 1942
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
X 4 6 hr. min.9. Birthplace PUEBLO COLORADO
(City, town, or county) (State or foreign country)10. Usual occupation NONE11. Industry or business —12. Name THOMAS APPLE
13. Birthplace CROSS COUNTY ARK.
(City, town, or county) (State or foreign country)14. Maiden name CORDIA FARRIS15. Birthplace MOUNTAIN VIEW ARK.
(City, town, or county) (State or foreign country)16. (a) Informant THOMAS APPLE(b) Address BLAND ROUTE I17. (a) BURIAL (b) Date thereof MARCH 28 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation BLAND UNION CEM.18. (a) Signature of funeral director W. F. Satterstrom(b) Address Owensville Mo.19. (a) March 27 1943 (b) Myrtle M. Wenkel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. BLAND ROUTE I
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 25
year 1943 hour 10 minute 30 P.M.21. I hereby certify that I attended the deceased from
Died without medical attention 19 —that I last saw him alive on — 19 —
and that death occurred on the date and hour stated above.Immediate cause of death Edema of lungs
due toDilatation of ascending aorta
Due to Pericardial effusionDue to InfluenzaOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations —Of autopsy As above

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 W. A. Jeter, Coroner (M.D. or other) D.O.Address Hermann, Mo. Date signed 3/26/43

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 Me,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Milford H. H. Winters
Licensed Embalmer No. 3838

P. O. Address Owensville 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.