

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23841  
Registrar's No. 3155

**D. AUG 6 1943**  
Registration District No. 149

Primary Registration District No. 1002

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

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town J.C.E.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Appelman Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 wks.  
(Specify whether)

In this community 20 yrs.  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Jackson

(c) City or town J.C.E.  
(If outside the city or town limits, write "RURAL")

(d) Street No. Appelman Home  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Rena Friedman

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased unknown 1867  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 19 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Mar 15 1943 to July 19 1943 and that death occurred on the date and hour stated above.

**8. AGE:** Years 75 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Myocarditis

Due to 93d

Due to \_\_\_\_\_

Other conditions arteriosclerosis  
(include pregnancy within 3 months of death)

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

**10. Usual occupation** Housewife

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**

12. Name unknown

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant M. Ross

(b) Address 29th & Forest

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation Scheffield Cem.

18. (a) Signature of funeral director N. Friedman

(b) Address J.C.E. Mo.

19. (a) 7-19-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

**PHYSICIAN**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 D. E. Brown (M. D. or other) \_\_\_\_\_

Address 525 Argyle Date signed \_\_\_\_\_

**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.....

*Francis Walton*

....., Registered Apprentice No. *2744*

working under my personal supervision.

Signed

*J. A. Pughman*

Licensed Embalmer No. *2744*

P. O. Address *K. C. 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.**