

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27609

State File No. _____

FILED SEP 4 1943

Registration District No. 1621

Primary Registration District No. 403-5100

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Merwin West Bates Co. Mo.
(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 20 (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates
(c) City or town Merwin
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary E. Appelgate

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

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Appelgate 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Dec 3 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 17 hr. min.

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

10. Usual occupation House-wife

11. Industry or business _____

MOTHER FATHER { 12. Name: Unk Burns
13. Birthplace: Unk Scotland
(City, town, or county) (State or foreign country)
14. Maiden name: Unk
15. Birthplace: Unk Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mr James Applegate
(b) Address Merwin Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-43
(Month) (Day) (Year)

(c) Place: burial or cremation Westpoint

18. (a) Signature of funeral director Rick G Mangold
(b) Address Amsterdam, Mo

19. (a) 7-21-43 (Date received local registrar) (b) L. Mangold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1943 hour 10 minute 30 p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of: operations _____
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence July-20-1943
(c) Where did injury occur? at home
(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 John H. Underwood (M. D. or other) _____
Address Butler Mo Date signed 7-23-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7000

James W. ...

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, ~~Em~~.....

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

*- 2491 - 08 - 1000
- 1000 - 1000*

Signed *L. H. Menzies*.....

Licensed Embalmer No. 3610.....

P. O. Address Amsterdam, 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, above space should be left blank.

*20
21*