S. No. 2
1—5-42
-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 20 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

41463
State File No.

Registration District No. 1 Primary Registration District No. 1032 Registrar's No.

**1. PLACE OF DEATH:**
(a) County Audrain
(b) City or town Rual, Linn Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. #1, Benton City, Mo. 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 5½ years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 4
(a) State Missouri (b) County Audrain 6
(c) City or town Rual, Linn 6
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1, Benton City
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bertha Apel
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George Apel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 27, 1854 (Month) (Day) (Year)
8. AGE: Years 88 Months 11 Days 13 If less than one day hr. min.
9. Birthplace Highland Illinois (City, town, or county) 1 (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER
12. Name J. Jacob Zimermann
FATHER
13. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mr. H.O. Apel
(b) Address R.F.D. #1, Benton City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 13, 43 (Month) (Day) (Year)
(c) Place: burial or cremation New Baden, Ill.
18. (a) Signature of funeral director Earl E Pruett
(b) Address Mexico, Mo.
19. (a) Nov 12 1943 (Date received local registrar) (b) Mary C Jacobs (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 10
year 1943 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from Sept 25, 1943 to Nov 10, 1943
that I last saw he alive on Nov Nov 9 1943.
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cardio Nephritis. | |
| Due to Arteriosclerosis. | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| 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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature J. Frank Fallen (M. D. or other)
Address Mexico, Mo. Date signed 11/11/43.

1097

(Licensed Embalmer's Statement on Reverse Side)

DEC 20 1943

RECEIVED
District Health Officer No. 10
District File Number 12-43-2967
Date Filed DEC 18 1943

**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.....

Earl E. Precht, Registered Apprentice No.....,

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.**