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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11199

FILED APR 12 1944

State File No. ....

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 153

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
305, 1-2 West 6th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town 305, 1-2 West 6th St;  
(If outside city or town limits, write "RURAL")  
(d) Street No. Joplin Mo;  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

3. (a) PRINT FULL NAME Sada Applegate

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Fem. 5. Color or race white 6. (a) Single, widowed, married, divorced, Widow  
6. (b) Name of husband or wife No record 6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased Nov. 19, 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name A.W. Applegate

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

14. Maiden name Martha Altizer

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

16. (a) Informant Karl Applegate

(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 3-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 3-17-44 (b) Arthur S. Shoettle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 1944  
year..... hour 6-45 A.M. minute..... M.

21. I hereby certify that I attended the deceased from 1-15-43 to 3-15-44  
that I last saw her alive on 3-15-44  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation  
chronic bronchial asthma  
allergies  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 9502  
Of autopsy

Duration  
several months  
several years  
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 R. L. Harvey (M. D. optional)  
Address Joplin, Mo. Date signed 3-16-44

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Henry K. Hurlbut

Licensed Embalmer No. 989

P. O. Address Superior, 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.