

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAR 16 1944
 W.C. 100

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11587**
 Registrar's No. **11**

Registration District No. **238**

Primary Registration District No. **5823**

1. PLACE OF DEATH:

(a) County New Madrid
 (b) City or town Rural New Madrid
 (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 _____ (Specify whether)
 In this community 14 years
 years, months or days)

3. (a) PRINT FULL NAME Corene Applewhite

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

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife David Applewhite 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased 3 30 1901
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 9 10 hr. min.

9. Birthplace Montgomery Co. Miss.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming worker

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Lott
 13. Birthplace Montgomery Miss.
 (City, town, or county) (State or foreign country)
 14. Maiden name Lillie Allen
 15. Birthplace Montgomery Co. Miss.
 (City, town, or county) (State or foreign country)

16. (a) Informant David Applewhite
 (b) Address Sikeston Mo. R.F.D. # 3

17. (a) Burial (b) Date thereof 1/23/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director H.W. Albritten

(b) Address Sikeston Mo.

19. (a) 3-5-44 (b) Helen Lou Jones
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4 miles So. West of Sikeston
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 20
 year 1944 hour 9 minute 30 p.m.

21. I hereby certify that I attended the deceased from 1-17-44
1-20 1944 to _____ 19____
 that I last saw him alive on 1-20 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death: Principial Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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 D

23. Signature J.F. Vatter (M. D. or other) _____
 Address Sikeston Mo Date signed 1-21-44

1368

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 344-490

Date Filed 3-14-44

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.....

Embalmed

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

working under my personal supervision.

Signed.....

Hunter Albrighton

Licensed Embalmer No. 4210

P. O. Address 514 Canton St

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.