

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12321

State File No.

36

Registrar's No.

FILED APR 19 1944

Registration District No.

Primary Registration District No.

4499

1. PLACE OF DEATH

(a) County Shelby
(b) City or town Shelbina
(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
years, months or days)

3. (a) PRINT FULL NAME Maggie Joe Applegate

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

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

6. (b) Name of husband or wife William Applegate 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased April 22 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 24 If less than one day hr. min.

9. Birthplace Monroe Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Mareus D Maddox

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

14. Maiden name Sarah Margaret Sparks

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

16. (a) Informant State Q. Kimbrell

(b) Address Shelbina Mo

17. (a) Burial (b) Date thereof 2-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Mo

18. (a) Signature of funeral director E. Hays

(b) Address Shelbina Mo

19. (a) March 7 44 (b) Madge Good
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby
(c) City or town Shelbina
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16
year 44 hour 11 minute 0 P. M.

21. I hereby certify that I attended the deceased from 3-12-39 19 to 2-12-44 19
that I last saw her alive on 2-12-44 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular Duration 4 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 938

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) Means of injury

23. Signature A. M. Hood (M. D. or other)

Address Shelbina Date signed 2-19-44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1094

RECEIVED

District Health Officer No. 10

District File Number 4-44-288

Date Filed APR 11 1944

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..... *E. Hayer*

Licensed Embalmer No. 1487

P. O. Address.....

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.