

FILED AUG 14 1944
Registration District No. _____

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Maxied Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Andrew Co Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Andrew Co. Hospital
(Specify whether) Residence
In this community Maxied Mo.
years, months or days

3. (a) PRINT FULL NAME LEVI EVERETT APPLEMAN

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

4. Sex MALE race WHITE 5. Color or race WHITE 6. (a) Single, widowed, divorced, divorced
6. (b) Name of husband or wife D. N. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 23 - 1971
(Month) (Day) (Year)

8. AGE Years Months Days If less than one day
73 0 8 hr. min.

9. Birthplace Maxied Mo. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Appleman
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Elizabeth Appleman
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant T. Appleman
(b) Address Centerville Mo.

17. (a) Burial (b) Date thereof July 4 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleman Chapel

18. (a) Signature of funeral director W. C. Appleman
(b) Address Maxied Mo.

19. (a) July 1 - 1944 (b) Margaret N. Macke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrew 4
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day July
year 1944 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 26 to July 1, 1944
and that death occurred on the date and hour stated above.
I last saw him alive on July 1, 1944

Immediate cause of death Angina
myocardial infarction
Due to various ulcers of
arteries
Due to arteriosclerosis

Other conditions Obese. 285 lbs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 9321

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? _____ (c) Means of injury? _____
23. Signature Paul E. Cole (M. D. or other) _____
Address Maxied Mo. Date signed _____

10.74

(Licensed Embalmer's Statement on Reverse Side)

July 3-44

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

RECEIVED

RECEIVED

District Health Officer No. 10

District File Number 8-44-1448

Date Filed AUG 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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 1133

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.