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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29994

Registration District No. 149 Primary Registration District No. 1082 Registrar's No. 3913

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital ~~or institution~~: TRINITY LUTHERAN HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 1-WEEK (Specify whether years, months or days)
In this community 58 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No. 6600 - CLEVELAND AVENUE (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----- 7)

42 38

3. (a) PRINT FULL NAME MR SAMUEL BERTRAND APPLEBY
3. (b) If veteran, name war No
3. (c) Social Security No. none

4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband ~~or wife~~ MRS. JESSIE L. APPLEBY
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased FEBRUARY (Month) 7 (Day) 1880 (Year)

8. AGE: Years 64 Months 7 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace SPRINGFIELD (City, town, or county) 0 MISSOURI (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business CONSTRUCTION FOREMAN
MOTHER FATHER
12. Name ALBERT B. APPLEBY
13. Birthplace SPRINGFIELD (City, town, or county) 0 MISSOURI (State or foreign country)
14. Maiden name LAURA E. JARRATT
15. Birthplace SPRINGFIELD (City, town, or county) 0 MISSOURI (State or foreign country)
16. (a) Informant MRS. JESSIE L. APPLEBY
(b) Address 6600 - CLEVELAND AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-2-1944 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEM.
18. (a) Signature of funeral director O. H. Nuicomeis Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 9-29-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 29TH year 1944 hour 6 minute 45 A.M.
21. I hereby certify that I attended the deceased from Sept 29, 1944 to Sept 29, 1944 that I last saw him alive on Sept 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Lobar) — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 108
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 John Outland O (M. D. or other)
Address 1025 Rialto Clay Date signed 9-29-44

(Licensed Embalmer's Statement on Reverse Side)

Opalita Berg

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address C 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.