

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1945

Registration District No. 2

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5053

State File No. 40552
Registrar's No. 2216

1. PLACE OF DEATH:

(a) County BARRY
(b) City or town Shell Knob "Shell Knob Twn."
(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 1
(Specify whether
In this community life
years, months or days)

3. (a) PRINT FULL NAME MARTHA APPLGATE

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S U
6. (b) Name of husband or wife JOE APPLGATE 6. (c) Age of husband or wife if alive . . . years
7. Birth date of deceased Mar. 4, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 8 14 hr. min.

9. Birthplace do not know Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation housewife.

11. Industry or business

12. Name Francis James
13. Birthplace do not know Missouri U
(State or foreign country)
14. Maiden name Elizabeth Painter
15. Birthplace do not know Missouri U
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Applegate
(b) Address Shell Knob Mo.
17. (a) burial (b) Date thereof 11/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Painter Cem.

18. (a) Signature of funeral director W. H. Moore
(b) Address Cassville, Mo.
19. (a) Nov 20 44 (b) John Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County BARRY
(c) City or town Shell Knob Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles north
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1944 hour 8 minute P M.
21. I hereby certify that I attended the deceased from 11-5
1944, to 11-15, 1944
that I last saw h.p.c. alive on 11-15, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death myocarditis
in lower part of stomach.

Due to Senility
Probable obstruction
Due to in lower part of
stomach.
Other conditions 1
(Include pregnancy within 3 months of death)

Major findings:

Of operations 93
Of autopsy 1
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 W. H. Moore (M. D. or other) D O
Address Cassville, Mo. Date signed 11-20-44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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. M. Janner

Licensed Embalmer No. 3453

P. O. Address. CASSVILLE, 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.