

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41602

Dr. Hoyt

FILED JAN 2 1945 2

Primary Registration District No. 4361

Registrar's No.

1. PLACE OF DEATH:

(a) County New-Madrid
(b) City or town Canalou
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution X (Specify whether)
In this community 15 years
years, months or days

3. (a) PRINT FULL NAME Bill Appleton

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fame Appleton 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased 30 4 1865
(Month) (Day) (Year)

8. AGE: 78 Years 10 Months 5 Days If less than one day
hr. min.

9. Birthplace Walker Co. Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name BILL APPLETON
13. Birthplace Ala.
(City, town, or county) (State or foreign country)
14. Maiden name FAME MITCHELL
(City, town, or county) (State or foreign country)
15. Birthplace MARION Co. ALA.
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Applrton
(b) Address Wyatt Mo.
17. (a) Burial (b) Date thereof 1/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Matthews Mo.

18. (a) Signature of funeral director NONE
(b) Address None
19. (a) Jan 10, 1944 (b) Maer Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New-Madrid 72
(c) City or town Canalou 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 9
year 1944 hour 12 minute 10 p. M.

21. I hereby certify that I attended the deceased from Dec 21, 1943 to Dec 21, 1943, 1943
that I last saw him alive on Dec 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Toxic Pneumonia ?

Due to Fracture of neck 3 weeks
of femur on Dec 25, 1943
Due to Incomplete recovery 5 days
from influenza
Other conditions 1862
(Include pregnancy within 3 months of death) 29

Major findings:
Of operations

Of autopsy

Duration

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) accident 072
(b) Date of occurrence December 25, 1944
(c) Where did injury occur? Canalou, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public street
(Specify type of place)
While at work? No (e) Means of injury Fall
23. Signature W. H. H. H. H. H. (M.D. or other) 10
Address Lilbourn, Mo. Date signed 1/10/44

(Licensed Embalmer's Statement on Reverse Side)

1032

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

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

John A. Reutter

Licensed Embalmer No. 2941

P. O. Address.....

St. Paul, Minn.

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.