

Registration District No. **1834**

Primary Registration District No. **3056**

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

1. PLACE OF DEATH:
(a) County **Randolph**
(b) City or town **Moberly**
(c) Name of hospital or institution: **816 McKinley**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lelah Appleman**
3. (b) If veteran, ☒ name war **✓**
3. (c) Social Security No. **✓**
4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **O. B. Appleman**
6. (c) Age of husband or wife if alive **154** years
7. Birth date of deceased **Apr. 15th 1868**
(Month) (Day) (Year)

8. AGE: Years **76** Months **6** Days **16**
If less than one day hr. min.

9. Birthplace **Mo. 11**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business
12. Name **John M Green**
13. Birthplace **Mo. 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Smith**
15. Birthplace **Mo. 11**
(City, town, or county) (State or foreign country)

16. (a) Informant **O. B. Appleman**
(b) Address **Moberly, Mo**
17. (a) **Burial** (b) Date thereof **May 2nd 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Cedar Rk, Mo**
18. (a) Signature of funeral director **Chas. A. and Son**
(b) Address **Moberly, Mo**
19. (a) **11-2-44** (b) **Irma Kave**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Randolph**
(c) City or town **Moberly**
(If outside city or town limits, write "RURAL")
(d) Street No. **816 McKinley**
(If rural, give location)
(e) Citizen of foreign country? **✓** (Yes or No)
If yes, name country **✓**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **31st**
year **1944** hour **8** minute **40 am**
21. I hereby certify that I attended the deceased from **Jan 27**
_____, 19____, to _____, 19____.
that I last saw him alive on **Oct 31**, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Atherosclerosis**
hypertension
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **g3a**
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) **no**
(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) (e) Means of injury **0**
23. Signature **H. C. G. Smith** (M. D. or other) **0**
Address **Moberly** Date signed **11-2-44**

RECEIVED

District Health Officer No. 10

District File Number 12-44-1996

Date Filed DEC 14 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.....

Frank B. Witt

Licensed Embalmer No. 3021

P. O. Address.....

Moberly 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.