

FILED JAN 16 1945

Registration District No. _____

Primary Registration District No. 5437

1. PLACE OF DEATH:

(a) County Lasconade
(b) City or town Rural Bourbois Sup
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bland Route 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 28 years years, months or days

3. (a) PRINT FULL NAME LINNIE MAE APLIN

3. (b) If veteran, _____ name war. _____
3. (c) Social Security No. 2

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry C. Aplin 6. (c) Age of husband or wife if alive 91 years
7. Birth date of deceased March 17 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 7 If less than one day
hr. _____ min. _____

9. Birthplace Hudson Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin J. Michael
13. Birthplace Johnston Pa
(City, town, or county) (State or foreign country)
14. Maiden name Mabel M. Burns
15. Birthplace Hudson Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Aplin
(b) Address Bland, Mo. Route 1
17. (a) Burial (b) Date thereof 12-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bowen Cemetery

18. (a) Signature of funeral director William H. H. Winter
(b) Address Quincyville, Mo.
19. (a) Dec 26, 1944 (b) Myrtle M. Wenkel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lasconade 37
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Bland Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 23 day _____
year 1944 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 23 1944 to Dec 24 1944
that I last saw him alive on Dec 23 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism 1 day
Chronic Myocarditis
Due to _____
Due to _____

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

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?

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature William H. H. Winter (M. D. or other) 1944
Address St. James M Date signed Dec 23

JUL 15 1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-11-45

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 Me

....., Registered Apprentice No.....,
working under my personal supervision.

Signed Melford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.