

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED JAN 19 1945

Registration District No. 170

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5629

2716

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
 (b) City or town Nashville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Letcher Co. Burial
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community Always
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME HENRY CLAY APPLEBERRY

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 12 1944
 (Month) (Day) (Year)

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

9. Birthplace LACLEDE Co MO
 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name NOT KNOWN
 13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name ROBBY APPLEBERRY

15. Birthplace LACLEDE Co MO.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mother Appleberry

(b) Address Letcher Co. Burial

17. (a) Burial (b) Date thereof 12-16-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Bobs Burial

18. (a) Signature of funeral director Palmer

(b) Address Letcher Co.

19. (a) 12-29-44 (b) Grace Roper
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede 53
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Burial Letcher Co.
 (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 day 13 1944
 year 1944 hour 12 minute 00 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death NOT KNOWN Duration

Due to Probably improper closure of Thoracic Aorta
 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) (e) Means of injury

23. Signature P. Palmer (M.D. or other)

Address Letcher Co. Date signed 12/14/44

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

Received

Laclede County Health Unit

File No. 12-44-162

Date Filed 1/16/45

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

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

Signed

Licensed Embalmer No.

P. O. Address

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.