DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36524

State File No.

FILED DEC 12 1945

Registration District No. 1002 Primary Registration District No. 3002 Registrar's No. 153

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Mexico (If outside city or town limits, write "RURAL")
(d) Street No. 509 W. Monroe St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Henry Russell Applebee
3. (b) If veteran, name war Wor@ld War 2
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
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 March 8, 1925 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
20	8	24	____ hr. ____ min.

9. Birthplace Mexico, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Sailor
11. Industry or business ____

FATHER
12. Name Frank Applebee
13. Birthplace Montgomery County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Telitha Smith
15. Birthplace Callaway County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Frank Applebee
(b) Address Mexico, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 5, 45 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.
18. (a) Signature of funeral director Carl E. Pickett
(b) Address Mexico, Mo.
19. (a) 12/5/45 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

1406

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd year 1945 hour 3 or minute ____ A.M.

21. I hereby certify that I attended the deceased from Coroner ____, 19__, to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Accident. We find the deceased came to his death in an automobile wreck on the south part of Auxvasse Mo. by the driver we think loosing control of the car on a slight curve in the south end

Due to of Auxvasse Mo on Highway 54. We find the injured was brought to the Audrain Hospital dying on the way

Other conditions (Include pregnancy within 3 months of death) or at Hospital. We find he was

Major findings: Of operations found dead by the Marshal of Auxvasse Mo. We find Elliott [illegible] Russell [illegible] & Patsy Ann Sims

Of autopsy: was with the deceased at the time of accident

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

SUPPLEMENTAL INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Dec 2nd 1945
(c) Where did injury occur? Auxvasse, Callaway, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 54 (Auto wreck) (Specify type of place)
While at work? No (e) Means of injury Concussion

23. Signature S. C. Adams, Coroner (M.D. or other)
Address Mexico, Mo. Date signed 12-2-45

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 13 1945

DEC 27 1945

DEC 19 1945

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.....

Earl E. Precht, Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. 2B
3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36574
State File No. Dec

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 153

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(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 (Specify whether
In this community years, months or days)

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

3. (a) PRINT FULL NAME Henry R. Applebee
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 S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar 8 1928
(Month) (Day) (Year)
8. AGE: Years 20 Months 8 Days 24 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Side swiped a tree but did not turn completely over	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

1700-6 28

PHYSICIAN — Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed