

**FILED FEB 11 1946**

Registration District No. **21**

Primary Registration District No. **40315200**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Bates  
(b) City or town Merwin West Bates Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 yrs  
years, months or days)

3. (a) PRINT FULL NAME James F. Applegate

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Mary E. Applegate 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 21 1859  
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 29 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Iowa Center Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business \_\_\_\_\_

12. Name William Applegate  
13. Birthplace unk Ill  
(City, town, or county) (State or foreign country)  
14. Maiden name Fannie Spiller  
15. Birthplace unk Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel M. McCallum  
(b) Address 3721 E. 60th Kansas City Mo  
17. (a) Burial (b) Date thereof 12-23-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Westpoint Cemetery

18. (a) Signature of funeral director Archer & Mangold  
(b) Address Amsterdam Mo  
19. (a) 12-23-45 (b) LA Mangold  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Bates  
(c) City or town Merwin  
(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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 21  
year 1945 hour 4 minute 45 p.m.

21. I hereby certify that I attended the deceased from Jan 1 to Dec 21, 1945  
that I last saw him alive on Dec 19, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 2 wk

Due to Myocardial  
Due to \_\_\_\_\_

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

Major findings:

Of operations \_\_\_\_\_

Of autopsy g32

**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? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury fall  
23. Signature DAI O'Connell (M. D. or other) MD  
Address Amsterdam Mo Date signed 12/23/45

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

100061

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**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.....

*L. A. Mangold*

Licensed Embalmer No. 3610

P. O. Address. Amsterdam 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.**