DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4321

Registration District No. 360 — Primary Registration District No. 6225 — Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural – Washington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. #3 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. State Hosp. #3 (If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Bertha Appleton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

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 May (Month) 20 (Day) 1886 (Year)

8. AGE: Years 59 | Months 8 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Osage Iron Works (City, town, or county) Mo (State or foreign country)

10. Usual occupation Supervisor – Hosp. Attendants

11. Industry or business State Hosp. No 3, Mo.

FATHER
12. Name John Appleton
13. Birthplace Near Osage Iron Works, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Carrie Carroll
15. Birthplace Near Osage Iron ~~Springs~~ Works, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Hospital records.

(b) Address Nevada, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-23-46 (Month) (Day) (Year)

(c) Place: burial or cremation Climax Springs, Mo.

18. (a) Signature of funeral director Eichinger Fun. Home

(b) Address Nevada, Mo.

19. (a) 1-29-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1946 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 18, 1946 to Jan 21, 1946 that I last saw h. ~~or~~ alive on Jan 20, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Arteriosclerosis	
Due to: Hypertension – Diabetes Mellitus	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

61

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

23. Signature Wm. J. Cremer (M. D. ~~or other~~)

Address Nevada Date signed 1-21-46

331 (Licensed Embalmer's Statement on Reverse Side)

JUN 13 1946

RECEIVED

[illegible] Office No. 7

[illegible] 1-46-79

Date Filed 2-7-46

MAR 11 1946

MAR 27 1946

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 Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.