V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27459

Registration District No. 156 Primary Registration District No. 2 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Freeman Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 4 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Duenweg 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Sandra Lynette Apple

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife Child

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

7. Birth date of deceased July (Month) 13 (Day) 1946 (Year)

8. AGE: Years X Months X Days 4 If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Guy Apple
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Leola Snead
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Guy Apple
(b) Address Duenweg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Miller Cem.

18. (a) Signature of funeral director Wett City Und. Co.
(b) Address Wett City, Mo.

19. (a) 7-31-46 (Date received local registrar) (b) Ed D. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 17 year 1946 hour 3 55 minute P. M.

21. I hereby certify that I attended the deceased from July 13, 1946 to July 17, 1946 that I last saw her alive on July 17, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Undetermined	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 200C

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 0

23. Signature Ernest Mitchell (M. D. or other) MD

Address Joplin, Mo. Date signed 7-31-46

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

26298

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(Licensed Embalmer's Statement on Reverse Side)

46-7-665

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

Signed Clayton M Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.