

S. No. 2  
DM-2-43  
v. 5-17-39  
X35697

STANDARD CERTIFICATE OF DEATH

State File No. **30655**

**FILED SEP 18 1946**

Registration District No. 156

Primary Registration District No. 201

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

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

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 3 days  
(Specify whether)

In this community 57 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper #9

(c) City or town Joplin #2  
(If outside city or town limits, write "RURAL")

(d) Street No. 2219 Baker St #5  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BESSIE May Appleman

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14  
year 1946 hour 7 minutes 55 P. M.

21. I hereby certify that I attended the deceased from 8-14-46 19... to 8-14-46 19...  
that I last saw her alive on 8-14-46 19...  
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive 14 years (Day) (Year)

7. Birth date of deceased July 14 1883  
(Month) (Day) (Year)

Immediate cause of death Diabetes mellitus 10 yrs

Duration \_\_\_\_\_

8. AGE: Years 63 Months 1 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Nordmont PENN  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

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

12. Name John E. Appleman

13. Birthplace Benton Penn  
(City, town or county) (State or foreign country)

14. Maiden name Adelma Ann Wilder

15. Birthplace Benton Penn  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 61

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

16. (a) Informant Mrs. Rosemarie Henderson

(b) Address 7219 Baker St

17. (a) Burial (b) Date thereof 8-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagoner Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Hammond Dillon

(b) Address 201 E. 2nd St

19. (a) 8-20-46 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Eugene H. Hamilton (M. D. or other) 0

Address 713 Cobble Hill Date signed 8-17-46

46-8-757

---

---

**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..... *David Dillon* .....

Licensed Embalmer No..... *3898* .....

P. O. Address..... *Joplin, 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.**