

FILED FEB 11 1947

Registration District No. 3483

Primary Registration District No. 6154

Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: 1 mile W. Merchouse
(If not in hospital or institution, write street number or location)

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

In this community 2 years
years, months or days

3. (a) PRINT FULL NAME FANNIE APPLETON

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased December 15, 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>1</u>	<u>1</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Successor Appointor

(b) Address Merchouse, Mo.

17. (a) Burial (b) Date thereof 12/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Matthews, Mo.

18. (a) Signature of funeral director Taylor, General Home

(b) Address Suburban, Mo.

19. (a) Jan 24 1947 Kate Hawley
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

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

(d) Street No. 1 mile West Merchouse
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1946 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from 12-10
1946 to 12-16 1946
that I last saw her alive on 12-16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis

Due to _____
Due to _____

Other conditions Ch. myocarditis
(Include pregnancy within 3 months of death)

Major findings: of 3D
Of operations _____
Of autopsy _____

Duration 2 weeks

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 9

23. Signature Anderson (M. D. or other) _____
Address Merchouse Mo. Date signed 12-18-46

RECEIVED

District Health Office No: 2,

District File Number 147-132

Date Filed: ~~1-29-47~~ 1-30-47

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 Body Not Embalmed
.....
Licensed Embalmer No.....

P. O. Address.....

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.