V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1947

Registration District No. 1493

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9793

Primary Registration District No. 5634 Registrar's No.

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

1. PLACE OF DEATH:
(a) County LACLEDE
(b) City or town R. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LEBANON BRICE RT. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days) In this community ALWAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County LACLEDE 53
(c) City or town RURAL (If outside city or town limits, write "RURAL") 0
(d) Street No BRICE RT. LEBANON MO (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES APPLEBERRY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife DOLLY HAGAN
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCT (Month) 19 (Day) 1911 (Year)

8. AGE: Years 35 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace CAMDEN CO (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation LABORER
11. Industry or business
MOTHER FATHER
12. Name HENRY C. APPLEBERRY
13. Birthplace WARSAW (City, town, or county) MO 0 (State or foreign country)
14. Maiden name NORA WILLIS
15. Birthplace MACKS CREEK (City, town, or county) MO 0 (State or foreign country)
16. (a) Informant H.C. APPLEBERRY
(b) Address BRICE RT. LEBANON MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation OLD BOLES CEM.
18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO.
19. (a) Mar 8 1947 (Date received local registrar) (b) Otis Frankenberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 17 year 1947 hour 10 minute A.M.
21. I hereby certify that I attended the deceased from JANUARY 15 1947 to FEB. 1 1947; that I last saw him alive on FEB. 1 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARDIAC FAILURE & PULMONARY CONGESTION	1 MO.
Due to PULMONARY TUBERCULOSIS	INDEF.
Due to	
Other conditions (Include pregnancy within 3 months of death) T3B	

Major findings: Of operations NOT DONE
Of autopsy NOT DONE

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 J.W. Carrington (M. D. or other) M.D.
Address Lebanon, Mo. Date signed 2/18/47

152 (Licensed Embalmer's Statement on Reverse Side)

Received 3/15/47
Laclede County Health Unit
File No. 2/47/34
Date Filed 3/17/47

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 P A Bohner

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.