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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18239

Registration District No. 257 | Primary Registration District No. 3048 | Registrar's No. 83

1. PLACE OF DEATH:

(a) County: Nodaway

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

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

(d) Length of stay: In hospital or institution: 11 days (Specify whether years, months or days)

In this community: 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: North 113

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

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

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

If yes, name country

3. (a) PRINT FULL NAME: Armida Applanalp

3. (b) If veteran, name war: No

3. (c) Social Security No. None

4. Sex: F 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widowed 3

6. (b) Name of husband or wife:

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

7. Birth date of deceased: 5 (Month) - 21 (Day) - 1870 (Year)

8. AGE: Years 76 | Months 11 | Days 19 | If less than one day: hr. min. 0

9. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Peter Applanalp 1
13. Birthplace: Switzerland (City, town, or county) Foreign (State or foreign country)

MOTHER
14. Maiden name: Catherine Mollen Rossi
15. Birthplace: Transport (City, town, or county) Foreign (State or foreign country)

16. (a) Informant: Ralph Applanalp
(b) Address: Grant City Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Rose Chapel

18. (a) Signature of funeral director: John Anderson Jr
(b) Address: Grant City Mo

19. (a) 5-10-47 (Date received local registrar) (b) Bess Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1947 hour 9:30 minute A M.

(a) I hereby certify that I attended the deceased from April 29, 1947 to May 10, 1947 that I last saw him alive on May 10, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Dilatation

Due to: Pulmonary Edema

Due to: Chronic Myocarditis with Edema

Due to: Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death): Senile Pruritis

Major findings: Of operations: from Stomach with Ulcer April 29, 1947

Of autopsy: 1310

Duration

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: W P Sahm (M. D. or other)

Address: Maryville, Mo Date signed: 5-10-47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John Anderson Jr., Registered Apprentice No. ..... working under my personal supervision.

Signed John Anderson Jr.

Licensed Embalmer No. 4210

P. O. Address Grant City

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.