

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

2
43
39
36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23109**
Registrar's No. **58**

Registration District No. **337**

Primary Registration District No. **4499**

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Shelbina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Thurman's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Six Weeks (Specify whether)
In this community Sixty Years (years, months or days)

3. (a) PRINT FULL NAME William M. Applegate
3. (b) If veteran, name war X **3. (c) Social Security** No. X

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Deceased **6. (c) Age of husband or wife if** alive years
7. Birth date of deceased 12- 4- 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 5 19 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Stock Dealer

12. Name John Applegate

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

14. Maiden name Not Known

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Waymond Kimbel

(b) Address Shelbina, Missouri

17. (a) Burial **(b) Date thereof** 5-25-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Missouri

18. (a) Signature of funeral director Million & Barkley

(b) Address Shelbina, Missouri

19. (a) June 2-47 **(b) Ruth Garner**
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby 102
(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5- day 23
year 1947 hour 7: minute 40 A.M.

21. I hereby certify that I attended the deceased from 5-15
1947 to 5-23 1947
that I last saw him alive on 5-23
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Remission

Due to 33 A

Other conditions 33 A
(Include pregnancy within 3 months of death)

Major findings:
Of operations 33 A

Of autopsy 33 A

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 33 A

(b) Date of occurrence 33 A

(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) 2
(e) Means of injury 2

23. Signature W. L. Thurman (M. D. or other) 2

Address Shelbina, Mo **Date signed** 5-27

RECEIVED
District Health Officer No.
District No. 47-720
Date Filed JUN 17 1947

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.....

.....James D. Davis....., Registered Apprentice No. 443
working under my personal supervision.

Signed.....*O. W. Hawkins*.....

Licensed Embalmer No. *3498*

P. O. Address.....*Helena 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.