

No. 2  
2-45  
7-39  
K47070

Registration District No. 294

Primary Registration District No. 305-6

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

1. PLACE OF DEATH:

(a) County Randolph

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

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

(d) Length of stay: In hospital or institution 9 days  
(Specify whether years, months or days)

In this community 10 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNA KATHERINE APEL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Henry A. Apel

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June - 24 - 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 6 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph S. Lush

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

14. Maiden name Florence C. Eaton

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

16. (a) Informant Henry A. Apel

(b) Address RFD #1 Cairo MO

17. (a) Burial (b) Date thereof Jan - 4 - 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sigay Keele, Sen

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly MO

19. (a) Jan 2 1948 (b) Dea. Sullivan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) county Randolph

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

(d) Street No. RFD #1 Cairo  
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1, year 1948 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from Dec. 30, 1947 to Jan. 1, 1948

that I last saw h. ER. alive on 1-1-48 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Cancer of the liver

Other conditions Diabetes

Major findings: Of operations 46

Of autopsy

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) (c) Means of injury

23. Signature W. H. McCormick (M. D. or other)

Address 300 1/2 Red St. Moberly Mo. Date signed 1-1-48

Duration 5 minutes  
2 1/2 months

PHYSICIAN None

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 10  
District File Number 1-48-17  
Date Paid JAN -5 1948

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, C. L. Hutton, Registered Apprentice No. 10 working under my personal supervision.

Signed R. M. Carter  
Licensed Embalmer No. 4117  
P. O. Address Moherly 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.