

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2067
Registration District No. 294
Primary Registration District No. 305-6
Registrar's No. 290

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: McComick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether)
In this community 10 years
(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 57 Months 6 Days 8
If less than one day 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. Lushy

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 Rt 1, Cairo MO

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

(c) Place: burial or cremation St. Ignace Cemetery

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

(b) Address Mobile, Mo

19. (a) Jan 2 - 48 (b) Dea. Williams
(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. Rt 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 A.M.

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

Due to

Other conditions Diabetes
(Include pregnancy within 3 months of death)

Major findings: Of operations 4/6

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?

(Specify type of place) While at work? (c) Means of injury

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

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

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

MOTHER FATHER

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

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

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.