

NOV 20 1940

STANDARD CERTIFICATE OF DEATH

State File No. 85832

Registration District No. 561

Primary Registration District No. 5756

Registrar's No. 49

1. PLACE OF DEATH:

(a) County: Miller  
(b) City or town: Eldon - Rural - Franklin  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Y 2  
In this community 63 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Miller  
(c) City or town: Rural  
(d) Street No.: Eldon - Franklin Twp  
(e) If foreign born, how long in U. S. A. 1 years

3. (a) PRINT FULL NAME: DEXTER APPERSON

3. (b) If veteran, name was none  
3. (c) Social Security No.

4. Sex: Male  
5. Color or race: White  
6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Maude Apperson  
6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: April 2 1879  
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 17  
If less than one day hr. min.

9. Birthplace: Miller Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer 0

11. Industry or business: 0

MOTHER FATHER

12. Name: Sam Apperson  
13. Birthplace: California Mo  
(City, town, or county) (State or foreign country)

14. Maiden name: Myerella Grayson  
15. Birthplace: Monticau Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant: Maude Apperson  
(b) Address: Eldon Mo

17. (a) Burial, cremation, or removal: Burial  
(b) Date thereof: Sept 22 '40  
(Month) (Day) (Year)

(c) Place: burial or cremation: Dooley Cemetery

18. (a) Signature of funeral director: Keith McKay  
(b) Address: Eldon Mo

19. (a) 9-21-1940 (b) Belle Haynes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20  
year 1940 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from 9/11 1940 to 9/20 1940  
that I last saw him alive on 9/20 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Traumatic Coma  
Duration: 4 days

Due to: Chronic nephritis 2

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

Major findings: Of operations: 121  
Of autopsy:

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?  
4-95 (Specify type of place)  
While at work? (e) Means of injury:

23. Signature: G. D. Walker (M. D. or other)  
Address: Eldon Mo Date signed: 9/21/40

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

RECEIVED

Miller County Health Dep't.

County File Number. 40-98

Date Filed 3/11/21/40

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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, ~~on~~.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Keith M. Payne

Licensed Embalmer No. 3998

P. O. Address Eldon 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, above space should be left blank.**