

No. 2
-1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41943

State File No.

Registrar's No.

FILED JAN 21 1942
318

Registration District No.

Primary Registration District No. 2001

962

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Burge Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **In hospital or institution**
In this community **70 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **R. F. #1**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **LILLIE B. APPLEBY**

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 **Widow**

6. (b) Name of husband or wife **Ed W. Appleby**
6. (c) Age of husband or wife if alive **3 - 1871**

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **6**
If less than one day hr. min.

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

10. Usual occupation **House wife**

11. Industry or business **In home**

12. Name **Isaac M. Hall**

13. Birthplace **Unknown Va**
(City, town, or county) (State or foreign country)

14. Maiden name **Ann King**

15. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alta Sebie**

(b) Address **Monmouth, N. Jersey**

17. (a) **Burial** (b) Date thereof **Dec. 11-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellview Cemetery**

18. (a) Signature of funeral director **W. E. Haudley**
(b) Address **Springfield, Mo.**

19. (a) **12-10-41** (b) **W. E. Haudley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **9**
year **1941** hour **1** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **12-2-41** 19... to **12-9-41** 19...
that I last saw her alive on **12-9-41** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Right Breast (primary) & Metastases to Lungs**
Duration **10 yrs 5:6 mo.**

Due to

Due to **50**
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
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?

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

21. Signature **W. E. Haudley** (M. D. or other)
Address **Springfield, Mo.** Date signed **12-9-41**

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

MOTHER FATHER

APR 18 1944

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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed

William R. Hodie
.....
Licensed Embalmer No. *4071*
.....
P. O. Address *Springfield*
.....

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.