

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 10 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin Mo.
(c) Name of hospital or institution: Greenwald Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4-6
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Queenwey
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME William Albert Apple

8. (b) If veteran, name war 1 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 Nellie C. Apple 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Aug 18 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Ash Grove Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Queenwey Utilities

11. Industry or business Co. Charge Water Works

12. Name Michael Apple

13. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant's own signature Nellie C. Apple

(b) Address Queenwey

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Walt City Road Co

(b) Address Walt City Road

19. (a) 5-8-42 (Date received local registrar) (b) Hester S. Schubert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1942 hour 12:5 minute P M.

21. I hereby certify that I attended the deceased from January 27, 1942 to May 5, 1942 that I last saw him live on May 5 and that death occurred on the date and hour stated above.

Immediate cause of death lobar Pneumonia
Due to Septicemia
Due to _____

Duration 4 days

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) NO

(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 _____

23. Signature Walt City Road Co (M. D. or other) _____
Address Joplin Mo Date signed 5/8/42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10-51351-1

42-5456

A. D. Gibson

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

Signed *Clayton M. Johnston*

Licensed Embalmer No. *3,922*

P. O. Address *Webb City, 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.