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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21808

Registration District No. 392

Primary Registration District No. 4350

Registrar's No. 13

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0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Montgomery  
(b) City or town Montgomery City, Mo  
(c) Name of hospital or institution none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no (Specify whether  
In this community 89 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Montgomery  
(c) City or town Montgomery City, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ARA LOLEMA APPLING  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 25  
year 1942 hour 3 minute 15 P. M.

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife James R. Appling 6. (c) Age of husband or wife if alive Deceased 25 years  
7. Birth date of deceased July 25 1852  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 3 1942 to June 3 1942  
that I last saw him alive on June 3, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 11 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary occlusion  
Due to myocarditis, chronic  
Due to arteriosclerosis

9. Birthplace Montgomery Co Missouri  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 93d

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name William Newlee  
13. Birthplace Virginia State  
(City, town, or county) (State or foreign country)  
14. Maiden name Armanda Wilson  
15. Birthplace Virginia State  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

16. (a) Informant Armanda Appling  
(b) Address Montgomery City, Mo  
17. (a) Burial (b) Date thereof July 27 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wellsdale Cemetery

23. Signature Buell Mendenhall (M. D. or other) \_\_\_\_\_  
Address Montgomery, Mo Date signed 6-27-42

18. (a) Signature of funeral director James Law  
(b) Address Montgomery City, Mo  
19. (a) June 27 1942 (b) Mrs. P. E. Vandave  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

*Joseph A. Marlow*

Licensed Embalmer No.....

*3658*

P. O. Address.....

*Montgomery City, Md.*

**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.**