J. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27229

State File No. 27229

D SEP 7 1943

Registration District No. 14 9

Primary Registration District No. 1002

Registrar's No. 3656

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home / (If not in hospital or institution, write street address or location)
(d) Length of stay: In hospital or institution 24 Years (Specify whether years, months or days) In this community Home 4 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 2721 Indiana (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: no

3. (a) PRINT FULL NAME: MAUD APPLEGATE
3. (b) If veteran, name war: no
3. (c) Social Security No.: no

4. Sex: fe
5. Color or race: wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Richard R. Applegate
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: June (Month) 7 (Day) 1886 (Year)

8. AGE: Years 57 | Months 2 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Home
11. Industry or business:
MOTHER FATHER
12. Name: Amos Jones
13. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name: Sarah Peabody
15. Birthplace: Kansas (City, town, or county) / (State or foreign country)
16. (a) Informant: Richard R. Applegate
(b) Address: 2721 Indiana
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 25th 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Dekalb Mo
18. (a) Signature of funeral director: Eylar Funeral Home
(b) Address: 1800 Linwood Blvd
19. (a) 8-24-43 (Date received local registrar) (b) T. C. Brown (Registrar's signature) Reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 year 1943 hour 1 minute 55 A. M.
21. I hereby certify that I attended the deceased from July 31st 1943 to Aug 23 1943 that I last saw her alive on Aug 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the inferior maxilla bone with general metastasis — Duration: 18 mo.
Due to: 0
Due to: 450
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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: Dr Ruth V. Andreen (M. D. or other)
Address: Independence Mo Date signed 8/24/43

(Licensed Embalmer's Statement on Reverse Side)

809 West Lexington
Dr Rich Andrews

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.....Chas Wilks.....

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.