

1-3-42  
5-17-39  
X32873

**FILED AUG 9 1944**

Registration District No. 102 Primary Registration District No. 44174 Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Boonville  
 (b) City or town Cardwell mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (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 1  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State \_\_\_\_\_ (b) County 35  
 (c) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 0

**3. (a) PRINT FULL NAME** Sally Applewhite  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

**20. DATE OF DEATH:** Month Oct day 21  
1943 hour 12 minute 30 P.M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw her alive on Oct 21, 1943 and that death occurred on the date and hour stated above.

**4. Sex** Female **5. Color or race** white **6. (a) Single, widowed, married, divorced** married  
**6. (b) Name of husband or wife** no **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased:** March 5 1867  
 (Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

**8. AGE:** Years 76 Months 7 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Cerebral Hemorrhage Arteriosclerosis Senility 1 wk years  
 Due to \_\_\_\_\_

**9. Birthplace:** London Sum  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 83a

**10. Usual occupation:** Housewife  
**11. Industry or business:** \_\_\_\_\_  
**12. Name:** Bill Hooper  
**13. Birthplace:** ala  
 (City, town, or county) (State or foreign country)  
**14. Maiden name:** Nancy Wheeler  
**15. Birthplace:** ala  
 (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**16. (a) Informant:** Mrs. Bess Hull  
 (b) Address: Cardwell MO  
**17. (a) Burial:** (Burial, cremation, or removal) Cardwell mo (b) Date thereof: Oct 28 1944  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Cardwell mo  
**18. (a) Signature of funeral director:** A. Emergen  
 (b) Address: Dragould Ark  
**19. (a) Date received local registrar:** Oct 28 44 (b) Registrar's signature: Mrs. Moon

**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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
**23. Signature:** M.C. Glasgow (M. D. or other) \_\_\_\_\_  
 Address: Cardwell MO Date signed 10-21-44

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

15-000

RECEIVED

District Health Office No. 2

District File Number 84-104

Date Filed 8-4-44

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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, or by.....

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

Signed.....

..... Licensed Embalmer No.....

..... P. O. Address.....

**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.**

Registration District No. 102

Primary Registration District No. 4174

Registrar's No. 1

1. PLACE OF DEATH:  
(a) County Dunklin  
(b) City or town Cardwell  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days)  
3. (a) PRINT FULL NAME Sally A white  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 5 1907  
(Month) (Day) (Year)

8. AGE: Years 26 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace Tomball Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Stitcher

11. Industry or business Stitcher

12. Name Beth Cooper

13. Birthplace unknown Ala  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Vessler

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

16. (a) Informant Mrs. Bess Hull  
(b) Address Cardwell Mo

17. (b) Date of death Oct 24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cardwell Cemetery  
18. (a) Signature of funeral director A J Emergen  
(b) Address Paragona Ark  
19. (a) Oct 28-44 M G Moore  
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct Day 21 Year 1944 hour 3:30 minute 30 P.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on Oct 21 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to Septicemia  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (include pregnancy within 3 months of death)

MAJOR FINDINGS:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_  
23. Signature M G Glaug 10/27-44  
Address Cardwell Mo Date signed \_\_\_\_\_

Duration 1 1/2 hrs  
1 plain  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 145-18

Date Filed 1-16-45

24592