

FILED MAY 13 1946

Registration District No. 53

Primary Registration District No. 3011

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Statin Clinic.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether Life)
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Sidney Bennett Appleby

3. (b) If veteran, name war Nc
3. (c) Social Security No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Emma Umpherman
6. (c) Age of husband or wife if alive Dead years 1868

7. Birth date of deceased Feb. 4
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 23
If less than one day hr. min.

9. Birthplace Carrollton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Drayman

11. Industry or business

12. Name Robert Fulton Appleby

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

14. Maiden name Margaret Brock
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Violet M. Spaeth.

(b) Address Oklahoma City.

17. (a) Burial (b) Date thereof 3-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Marshall F. Home.

(b) Address Carrollton Mo.

19. (a) 3/28/46 (b) M. Herbert Calvert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 501 N. Folger St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27
year 1946 hour 10 minute 15 AM

21. I hereby certify that I attended the deceased from Mar 23 1946 to Mar 27 1946
that I last saw him alive on Mar 27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart failure
old age
Duration few minutes

Due to old age
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy good

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

23. Signature R. Hamilton (Name other)
Address Carrollton Date signed Mar 27 1946

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

11-108

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-10-46

NOV 6 1946

MAY 14 1946

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 R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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, fact should be so stated above.