

No. 2
-12-45
5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12200
Registrar's No. 349

FILED MAY 8 1947
28

Registration District No. _____

Primary Registration District No. 5466

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield *Rand's Campbell* State Mo.

(c) Name of hospital or institution:
R. F. D. # 3,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 78 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. # 3 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucy J. Appleby

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Homer O. Appleby

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 11 6 _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business At Home

MOTHER FATHER

12. Name John P. Watson

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

14. Maiden name Nan Bryant

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

16. (a) Informant Ross Watson

(b) Address R. 3, Springfield Mo.

17. (a) Burial (b) Date thereof 4 16 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesley Chapel Cem.

18. (a) Signature of funeral director J.W. Klingner

(b) Address Springfield Mo.

19. (a) 4-18-47 (b) W.E. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year April hour 3 minute 05 A.M.

21. I hereby certify that I attended the deceased from Nov
20 1947 to April 14 1948
that I last saw him alive on April 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to _____

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 W.E. Handley (M. D. or other) _____

Address Springfield Mo. Date signed April 18 1948

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOV 30 1948

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.....

Ogl Stone Jr.

Licensed Embalmer No.....

4176

P. O. Address.....

Springfield

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.