

FILED JUN 14 1948

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15687  
Do not cut this page.

## 1. PLACE OF DEATH

(a) County Mass Registration District No. 59  
(b) Township Pleasant Hill Primary Registration District No. 4099 Registered No. 96  
(c) City Pleasant Hill (d) Street No. \_\_\_\_\_ St.  
25 (If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 66 yrs. mos. ds.

## 2. PRINT FULL NAME

Michael John Appel  
(a) Residence, No. North part of town St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Apple  
nov. 11. 1869

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 78 MONTHS 6 Days 9 If LESS than 1 day, ..... hrs. mechanic min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Machine shop  
10. Date deceased last worked at this occupation (month and year) 9  
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brussa, Germany13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 915. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 917. INFORMANT (ADDRESS) Ray Sloan  
Pleasant Hill, Mo.18. BURIAL, CREMATION, OR REMOVAL Cremation  
PLACE Kansas City DATE 5-22-4819. FUNERAL DIRECTOR (NAME) (ADDRESS) Allen Brownfield  
Pleasant Hill, Mo.20. FILED 6-8 1948 Laura J. Jones  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20-1948

22. I HEREBY CERTIFY, That I attended deceased from May 17 1948, to May 20 1948  
I last saw him alive on May 19 1948. Death is said to have occurred on the date stated above, at 5:00 AM.  
The principal cause of death and related causes of importance were as follows:

Profound nutritional anemia  
Other contributory causes of importance: fall & mild cerebral hemorrhage  
12 hrs

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Hemoglobin test Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Fall at home

Manner of injury in a carpet slip & fall  
Nature of injury mild cerebral hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) W. H. H. M. D., M. D.  
(Address) Pleasant Hill Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

I X16905

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

*Glen A. Hill*

Registered Apprentice No. *8*

working under my personal supervision.

Signed

*Allen B. Swinford*

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill*

**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, above space should be left blank.**