

Registration District No. 82 Primary Registration District No. 3017 State File No. _____ Registrar's No. 120

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville Mo.
(c) Name of hospital or institution: St. Joseph
(d) Length of stay: In hospital or institution 36 hrs.
In this community 36 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lewis
(c) City or town New Franklin Mo.
(d) Street No. 106 Broadway
(e) Citizen of foreign country? _____

3: (a) PRINT FULL NAME George Barron Appelman
3. (b) If veteran, name war _____ 3. (c) Social Security No. 562-34-7863

20. DATE OF DEATH: Month Aug day 28 year 1948 hour 9 minute PM

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Bernadette 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July 25 - 1883

21. I hereby certify that I attended the deceased from Aug 27 1948 to Aug 28 1948
that I last saw him alive on Aug 28 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Perforated Peptic Ulcer Duration 1 day

8. AGE: Years 65 Months 1 Days 3 If less than one day hr. _____ min. _____

Due to ulcer stomach
Due to 117P

9. Birthplace Camden Mo.
10. Usual occupation Retired U.S. Mail Carrier

Other conditions Hypertension
Major findings: Perforated ulcer
Peritoneal gastric fluid

11. Industry or business _____
12. Name John Appelman
13. Birthplace Ohio
14. Maiden name Sarah Shepley
15. Birthplace Ohio

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant George H. Appelman
(b) Address New Franklin Mo
17. (a) Reinterment (b) Date thereof Aug 31 - 48
(c) Place: burial or cremation Clark Mo.
18. (a) Signature of funeral director G. H. Appelman
(b) Address New Franklin Mo
19. (a) 8-30-48 (b) Cooper

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature H. L. Chamberlain (M. D. or other) _____
Address New Franklin Date signed 8-30-48

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-10-48

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

H. L. Hall

Licensed Embalmer No.

3515

P. O. Address

New Franklin

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.