

FILED NOV 22 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1003

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community All of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 734 W. Scott
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Alfred Appleby

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Gertrude 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 8 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Greene county Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Farmer

11. Industry or business Ret. Farmer

12. Name John B. Appleby

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

14. Maiden name Eva Dysart

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

16. (a) Informant Gertrude Appleby

(b) Address 734 W. Scott

17. (a) burial (b) Date thereof 11-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Comfort

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

(b) Address Springfield

19. (a) 11-17-48 (b) W. S. Hambley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1948 hour 9 minute 25 a.m.

21. I hereby certify that I attended the deceased from 11-13 1948 to 11-16 1948
that I last saw him alive on 11-16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Head injury - Cerebral Contusion & Hemorrhage 3 days

Due to _____
Due to _____

Other conditions Myocardial Failure 2 hrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 17 cc 18 27 31
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) Accident 135
(b) Date of occurrence 11-13-48
(c) Where did injury occur? Springfield Greene Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place - street
While at work? No (Specify type of place) (e) Means of injury Auto

23. Signature Joseph M. Hiller (M. D. or other)
Address 609 CHERRY Date signed 11-17-48

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

2
13
39
17823

DEC 21 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.....

Ogle Stone Jr.

Licensed Embalmer No.....

4976

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.