No. 2
-8-43
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X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1944

Registration District No. 716

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31632

Primary Registration District No. 3-0-6-0-6075 Registrar's No. 168

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town rural St. Francois Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: [illegible]
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
In this community 21 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Farmington
Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. [illegible]
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RUBEN APPLEBERRY
3. (b) If veteran, name war World War 1
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Edith Boss Appleberry
6. (c) Age of husband or wife if alive [illegible] years

7. Birth date of deceased September 20 1880 (Month) (Day) (Year)

8. AGE: Years 63 | Months 11 | Days 20 | If less than one day [illegible] hr. [illegible] min.

9. Birthplace St. Francois Cty (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Medical Doctor

11. Industry or business

MOTHER FATHER
12. Name James Monroe Appleberry
13. Birthplace Valle Mines Mo. (City, town, or county) (State or foreign country)
14. Maiden name Fannie Mathews
15. Birthplace Valle Mines Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruben Appleberry
(b) Address Farmington, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/13/44 (Month) (Day) (Year)
(c) Place: burial or cremation New Calvary of Farmington

18. (a) Signature of funeral director Farmington Und. Co.
(b) Address Farmington, Missouri

19. (a) 9-13-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10th year 1944 hour 10 A. minute [illegible] M.

21. I hereby certify that I attended the deceased from By Coroners Investigation, 19[illegible], to Sept 11, 19 44; that I last saw him alive on [illegible], 19[illegible]; and that death occurred on the date and hour stated above.

Immediate cause of death	Coronary Thrombosis	Duration
Due to		
Due to		
Other conditions (Include pregnancy within 3 months of death)		

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work (e) Means of injury

23. Signature Clarence Claywell Coroner (M.D. or other)
Address Bonne Terre Mo Date signed 9/11/44

1373 (Licensed Embalmer's Statement on Reverse Side)

...EIVED
...strict Health Office OCT 27 1944
District File Number 944-19342
Date Filed 9-26-44

JUN 12 1945

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 me, Registered Apprentice No.....

working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2969

P. O. Address Farmington N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi... the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.