

Registration District No. 53

Primary Registration District No. 3011

Registrar's No. 5-5

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Brooks Convalescent Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4
(Specify whether)

In this community 1
1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Bogard
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fannie Bell Applebury

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION*

20. DATE OF DEATH: Month June day 4 in year 1945 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-28-45 to 6-4 1945 that I last saw h. er alive on 5-28 and that death occurred on the date and hour stated above. 1945

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 6 16 1864
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Duration _____

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

80 11 19 _____ hr. _____ min.

Due to Hypertension

Due to _____

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

10. Usual occupation House Wife

Of autopsy _____

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

11. Industry or business _____

12. Name Geo. W. Dimiston

13. Birthplace England 7
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Grimes

15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mabel Dodds

(b) Address Bogard Mo

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? _____

17. (a) Burial (b) Date thereof 6 7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Colama

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director Ed Dukim

(b) Address Bogard Mo

19. (a) 6-7-45 (b) Mrs James Rafferty
(Date received local registrar) (Registrar's signature)

23. Signature W. S. Alwood (M. D. or other) _____

Address Carrollton Mo Date signed 6-5

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

7/11/45

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

E. A. Dickerson

Licensed Embalmer No.

2534

P. O. Address

Bogard, Mo

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.