

DEC 14 1938

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

39604
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 448
(b) Township Union Primary Registration District No. 5608
(c) City _____ (d) Street No. _____ St. _____
(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? yrs. mos. ds.

2. PRINT FULL NAME

Pernecia Anglen
(a) Residence, No. _____ 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 2 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos Anglen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 1869
7. AGE YEARS 69 MONTHS _____ DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co Mo

FATHER 13. NAME Geo Washington Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co Mo

MOTHER 15. MAIDEN NAME Lucinda Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co Mo

17. INFORMANT (ADDRESS) Tom Anglen
Cornway Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Graceland DATE 11/4/38

19. FUNERAL DIRECTOR (ADDRESS) W.E. Helman
Lebanon, Mo

20. FILED 12, 13 1938 Ann Montgomery
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/3/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1938 to 11-3 1938

I last saw h. 22 alive on 11-1 1938 Death is said to have occurred on the date stated above, at 79 m.
The principal cause of death and related causes of importance were as follows:

Cancer of head of Colon

Date of onset

Other contributory causes of importance:

No

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) J.M. Lindsay M. D.
(Address) Cornway

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

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, W.E. Halman, Licensed Embalmer No. 3061
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed W.E. Halman
Licensed Embalmer No. 3061

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.)