

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7389

State File No.

Registration District No. 460

Primary Registration District No. 4272

Registrar's No. 8

1. PLACE OF DEATH:

- (a) County Lafayette
(b) City or town Corder, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Edna L. Angle

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 4 Feb 1941
(Month) (Day) (Year)8. AGE: Years X Months _____ Days 4 If less than one day hr. _____ min.9. Birthplace: Corder, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

- MOTHER FATHER { 12. Name Earnest Angle
13. Birthplace Texas Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Margaret Doerflinger
15. Birthplace Higginsville, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Earnest Angle
(b) Address Otterville, Mo.17. (a) Burial (b) Date thereof 2/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Evangelical Cemetery18. (a) Signature of funeral director Ashton(b) Address Higginsville, Mo.19. (a) MAR-3-1941 (b) Tipping Webb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State mo (b) County Lafayette
(c) City or town Corder 34
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9th
year 1941 hour 4 minute 00 A. M.21. I hereby certify that I attended the deceased from Feb 4
_____, 1941 to Feb 9, 1941
that I last saw her alive on Feb 9, 1941
and that death occurred on the date and hour stated above.Immediate cause of death Broncho pneumonia
Premature Duration 2 daysDue to _____
Due to _____ 15AOther 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?
413 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A.D. Johnston (M. D. or other) D
Address Corder mo Date signed 2-9-41

RECEIVED
District Health Officer No. 8,
District File Number 3-4-41
Date Filed

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 _____

Licensed Embalmer No. 3026

P. O. Address Higginville, 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, above space should be left blank.