

FILED FEB 16 1948

Registration District No.

Primary Registration District No.

3033

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Louisiana, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Pike Co. Hospital
 (If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)
 In this community 4 months

3. (a) PRINT FULL NAME Mrs Martha ANGLE

3. (b) If veteran, name war ✓

3. (c) Social Security No. 490-053145

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 44
 6. (b) Name of husband or wife Frank Angle 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased April 11 1892 (Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Martinsburg Pike Co Ill (City, town, or county) (State or foreign country)

10. Usual occupation Garnment factory Worker

11. Industry or business

12. Name George Foster

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

14. Maiden name Marion Dressler

15. Birthplace Pike Co Ill (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Martha Lee

(b) Address Rockport Ill

17. (a) Corried (b) Date thereof Jan 19-42 (Month) (Day) (Year)

(c) Place of burial or cremation MILLER Cemetery Martinsburg Ill

18. (a) Signature of funeral director W. H. Smith

(b) Address Louisiana Mo.

19. (a) 4-17-42 (b) W. H. Smith (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike
 (c) City or town Louisiana Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 201 Washington (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1942 hour 830 minute 0 A. M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull Duration

Due to Automobile accident

Due to Collision with a truck on icy pavement

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1700-8

Of autopsy 22

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident - auto

(b) Date of occurrence 1-17-42

(c) Where did injury occur? on Highway 54 near Martinsburg (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 54 in Pike Co Ill near Martinsburg (Specify type of place)

While at work? 0 (e) Means of injury Coroner

23. Signature W. H. Smith (M.D. or coroner)

Address Louisiana Mo Date signed 1/17/42

RECEIVED

District Health Officer No. 10

District File Number 2-42-262

Date Filed FEB 12 1942

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.....

George O. Wagner....., Registered Apprentice No.....
working under my personal supervision.

Signed

George O. Wagner

Licensed Embalmer No.

3773

P. O. Address

Louisiana, 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.