

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7430

State File No. _____

Registrar's No. 44

FILED MAR 11 1942
Registration District No. _____

Primary Registration District No. 5871

1. PLACE OF DEATH:

(a) County Pennsco
(b) City or town Postageville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 yr. years, months or days

3. (a) PRINT FULL NAME Clementine Anglin

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

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

6. (b) Name of husband or wife Lee Anglin 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Mar-19-1870 (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 26 If less than one day hr. min.

9. Birthplace 17 Jun (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name H. W. Wilson

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

14. Maiden name Mary Mitchell

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

16. (a) Informant Acil Sliger

(b) Address Postageville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Postageville Mo.

18. (a) Signature of funeral director Postageville Mo.

(b) Address Postageville Mo.

19. (a) 2-16-42 (Date received local registrar) (b) Mrs. Opal M. Clokey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pennsco 78
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15 year 1942 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 7, 1942, to Feb. 14, 1942, that I last saw her alive on Feb. 14, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 938

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? _____

(e) While at work _____ (Specify type of place) _____

(f) Means of injury 0

23. Signature Dr. M. Delley (M.D. or other) _____

Address Postageville, Mo. Date signed 2-16-42

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

3-42-20

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.....

Not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Nail C. Dean

Licensed Embalmer No. *3941*

P. O. Address *Portageville 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.