

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18286

State File No.

Registrar's No.

FILED JUN 17 1942

Registration District No. 718

Primary Registration District No. 5609

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon mo R#5
(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 GERTIE M. ANGLIN

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife James M. Anglin 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 10 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 11 28 hr. min.

9. Birthplace Laclede Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Russell Atkinson
13. Birthplace Laclede Co mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Butcherie
15. Birthplace Laclede Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant James M. Anglin
(b) Address Lebanon mo R#5

17. (a) Burial (b) Date thereof May 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Lebanon

18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon mo

19. (a) 5-15-42 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. R#5 (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1942 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from April 26
1942, to May 8 1942

that I last saw her alive on May 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral artery failure Duration

Due to Uremia

Due to chronic nephritis

Other 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Austin B. Roper (M. D. or other) D.O.
Address Lebanon, mo Date signed 5/14/42

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

300

1090

RECEIVED

District Health Officer No.

District File Number 6-42-85

Date Filed 6-10-42

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 Jersey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.