FILED OCT 20 1942

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

32610
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kansas City
(c) City
Registration District No. 149
Primary Registration District No. 1002
Registered No. 3666
(d) Street No. 123 yrs. 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 Edna M. Angle
(a) Residence, No. 1246 Penn St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 1
4. COLOR OR RACE wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred T. Angle age. 49.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1891
7. AGE Years 50 Months 10 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker
9. Industry or business in which work was done, as saw mill, bank, etc. None
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) Pa. 1

FATHER
13. NAME E. H. Guiliford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa. 1

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

17. INFORMANT Fred Angle
(ADDRESS) 1246 Penn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Par. DATE Oct. 5, 1942.

19. FUNERAL DIRECTOR (NAME) C. H. Blackman & Son, Inc.
(ADDRESS) Kansas City

20. FILED 10-6-42, 19 M. M. Crowe Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1942

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1942, to Oct 2, 1942
I last saw her alive on Oct. 2, 1942 Death is said to have occurred on the date stated above, at 2 55 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Trophic Ulcer of Bladder with perforation 125 Br | Oct. 1 1942 |
| Other contributory causes of importance: | |
| Generalized Peritonitis | Oct 1 1942 |
| Terminal Bronchopneumonia | Oct 1 1942 |
| Paralysis Lower Extremities 20 years duration | |

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Vernon G. Davis M. D.
(Address) 3301 Woodland

(Licensed Embalmer's Statement on Reverse Side)

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.

BOM-1-12-38 I X14023

## 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 H D Blackman

Licensed Embalmer No. B639

P. O. Address K C 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.**