

FILED DEC 5 1942

Registration District No. 775

Primary Registration District No. 4187

Registrar's No. 57

3650

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

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Union  
(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 Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Edward Angell  
8. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Margaret E. Angell 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased July 16, 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 3 25 hr. ✓ min.

9. Birthplace Gasconade, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business  
MOTHER FATHER { 12. Name Lawrence Angell  
18. Birthplace Gasconade, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Missourian Jane  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James E. Angell  
(b) Address Union, Mo.

17. (a) Burial (b) Date thereof 11-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Union, Mo.

18. (a) Signature of funeral director W. H. Stone  
(b) Address Union, Mo.

19. (a) Nov 11/42 (b) Howard A. Ruge  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Franklin  
(c) City or town Union Mo  
(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.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11  
year 1942 hour 10 minute 30A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 Owner  
23. Signature Howard A. Ruge (other) \_\_\_\_\_  
Address Union, Missouri Date signed 11-14-42

**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 W. H. Horn

Licensed Embalmer No. 3175

P. O. Address Union & 7th

**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.

