

FILED FEB 11 1944

Registration District No. **290**

Primary Registration District No. **5987**

1. PLACE OF DEATH:
(a) County **Pulaski**
(b) City or town **Rural Union**
(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 years, months or days)

3. (a) PRINT FULL NAME **Frantz Angerman**
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased **9 12 1856**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 4 19 hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **Unknown**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Alva Warnol**
(b) Address **Dixon, Missouri**

17. (a) **Burial** (b) Date thereof **2/3/1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pisgah**

18. (a) Signature of funeral director **Fred H. Gilbert**

(b) Address **Dixon, Missouri**

19. (a) **Feb 9-1944** (b) **Chas M Ford**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pulaski**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **2** day **1**
year **1944** hour **8** minute **30** P.M.

21. I hereby certify that I attended the deceased from **1939** to **1939**
that I last saw him alive on **January** and that death occurred on the date and hour stated above.
Immediate cause of death

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
Duration
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 **Dr. K.W. Milligan** (M. D. or other)
Address **Dixon Mo** Date signed **2/7/44**

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.....

Leor - 44

working under my personal supervision.

Registered Apprentice No.

Signed.....

Fred B. Gilkey

Licensed Embalmer No. 2341

P. O. Address..... Dixon, Missouri

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.