

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25242

Registration District No. 2294

Primary Registration District No. 5811

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Rural Montgomery
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Angle

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

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Jane Angle 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Sent 28 th 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 10 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Joseph Angle
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Louisa Slavens
15. Birthplace Middletown Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lee Gibson
(b) Address Montgomery City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-44
(Month) (Day) (Year)

(c) Place: burial or cremation Middletown Cem

18. (a) Signature of funeral director C.W. Hopkins
(b) Address Montgomery City Mo

19. (a) July 10-44 (Date received local registrar) (b) Mrs G.E. Vandave (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Buell Mo
(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 July day 8 th
year 1944 hour 9 minute 45 a. M.

21. I hereby certify that I attended the deceased from Apr. 27
1944 to July 8, 1944
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cerebral apoplexy 10 hrs

Due to Chronic atherosclerosis 10 hrs
Chronic hypertension 10 hrs
Chronic myocarditis 10 hrs

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 A.H. Van Dusen (Date signed) 7/10/44
Address Montgomery City

1000 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-14-44

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 on the 8th
day of July 1944

....., Registered Apprentice No.....
working under my personal supervision.

Signed C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.