

FILED AUG 22 1945

Primary Registration District No. 5111

Registrar's No. 15

1. PLACE OF DEATH:

(a) County BOLLINGER
(b) City or town RURAL Liberty
(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 Lifetime
years, months or days

3. (a) PRINT FULL NAME TIMMIE EUGENE ANGLE

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 ()
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 5 1945
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>2</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name WESLEY KINDER
13. Birthplace CAPE GIRARDEAU Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name LOLA ANGLE
15. Birthplace DUNKLIN Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant LOLA ANGLE
(b) Address WHITEWATER, Mo.

17. (a) Burial (b) Date thereof JULY 3 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BARKS CHAPEL

18. (c) Signature of funeral director Baker Funeral Home

(b) Address Unionville, Mo.

19. (a) July 6 1945 (b) Mrs Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BOLLINGER
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR WHITEWATER 0
(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 1 ST
year 1945 hour 11:00 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 1st 1945 to 11 P.M. July 1st 1945
that I last saw him alive on July 1st 1945
and that death occurred on the date and hour stated above.

Immediate cause of death acute gastritis
acidosis

Due to I did not see baby
til an hour before
death.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations 118.3
Of autopsy _____

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? _____

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

23. Signature W W Davault (M. D. or other) MD
Address Unionville Mo Date signed July 6 1945

RECEIVED

District Health Officer No. 4
District File Number 845-916
Date Filed 8-8-45

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

J. E. Graham

Licensed Embalmer No. 4010

P. O. Address. *Luttwille, 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.