S. No. 2
M—2-43
. 5-17-39
=I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4480

Registration District No. 116 Primary Registration District No. 3002 Registrar's No. 10

1. PLACE OF DEATH:
(a) County AUDRAIN
(b) City or town MEXICO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: AUDRAIN COUNTY HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DA. (Specify whether
In this community T&N YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County AUDRAIN 4
(c) City or town VANDALIA 2
(If outside city or town limits, write "RURAL")
(d) Street No. MAIN & WASHINGTON 1
(If rural, give location)
(e) Citizen of foreign country? NO 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FAY RIGG ANGEL
3. (b) If veteran, name war No
3. (c) Social Security No. 493-05-9494

4. Sex MALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife MARY LOTTIE ANGEL
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased JUNE (Month) 5 (Day) 1907 (Year)

8. AGE: Years 38 Months 7 Days 13 If less than one day hr. min.

9. Birthplace PIKE COUNTY (City, town, or county) MISSOURI 1 (State or foreign country)
10. Usual occupation FOREMAN — SHIPPING DEPT.
11. Industry or business REFRACTORY

MOTHER FATHER
12. Name CHAS. WESLEY ANGEL
13. Birthplace LINCOLN COUNTY (City, town, or county) MISSOURI 1 (State or foreign country)
MOTHER
14. Maiden name LIZZIE ADA JONES
15. Birthplace BOONE COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mary Lottie Angel
(b) Address Main & Washington, Vandalia MO
17. (a) burial (Burial, cremation, or removal) (b) Date thereof JAN 20 1946 (Month) (Day) (Year)
(c) Place: burial or cremation MIDDLETOWN Mo
18. (a) Signature of funeral director William B Waters
(b) Address Vandalia Mo
19. (a) Jan 15-1946 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day ~~13~~ 18 year 1946 hour 7 minute 25 A.M.
21. I hereby certify that I attended the deceased from 1-13- 19 46 to 1-17- 19 46 that I last saw h[im] alive on 1-16- 19 46 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fractures + dislocates 7th Cervical Vertebrae	
Due to: accident	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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) accident 4
(b) Date of occurrence 1-13-46
(c) Where did injury occur? On woods fell out of tree (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm hunting coons
(Specify type of place)
While at work? No (e) Means of injury fall
23. Signature Frank Foller (M. D. or other)
Address Mexico, Mo. Date signed 1/20/46.

9 (Licensed Embalmer's Statement on Reverse Side)

MAY 8 1946

RECEIVED
District Health Officer No. 10
District File Number 3-46-400
Date Filed MAR 7 1946

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 William B Yates

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.