

S. No. 2
OM-2-43
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6517**

FILED MAR 15 1946

Registration District No. **22**

Primary Registration District No. **3796**

Registrar's No. **47**

1. PLACE OF DEATH: **Moniteau Co**
 (a) County **Moniteau Co**
 (b) City or town **Rural Walker**
 (c) Name of hospital or institution: **California, Mo. Rt #3**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **12 Yrs**
 In this community **12 Yrs**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Moniteau 68**
 (c) City or town **Rural**
 (d) Street No. **California, Mo. Rt #3**
 (e) Citizen of foreign country? **No**
 If yes, name country _____

3. (a) PRINT FULL NAME **Clara J. Angerer**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb** day **28**
 year **1946** hour **6** minute **7** P.M.
 21. I hereby certify that I attended the deceased from **7/23**
 19**45** to **Feb 28** 19**46**
 that I last saw her alive on **Feb 28** 19**46**
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **William Angerer**
 6. (c) Age of husband or wife if alive **55** years
 7. Birth date of deceased **AUG 1 1886**
 (Month) (Day) (Year)

Immediate cause of death **Carcinoma of lungs**
 Due to _____
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
	59	6	28	hr. min.

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations **47d**
 Of autopsy _____

9. Birthplace **Colo Co** (City, town, or county) (State or foreign country)
 10. Usual occupation **House Wife**

PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name **John Nieghorn**
 13. Birthplace **Missouri** (City, town, or county) (State or foreign country)
 14. Maiden name **Matilda Eggers**
 15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **William C. Angerer**
 (b) Address **California, Mo.**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Mar. 2, 1946**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **Luthurn Cent.**

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 **2**

18. (a) Signature of funeral director **Bewlin Funeral Home**
 (b) Address **California, Mo.**
 19. (a) **3-2-46** (Date received local registrar) (b) **H.R. Ropsyoy** (Registrar's signature)

23. Signature **H. D. Davis** (M.D. or other) **A.O.**
 Address **California, Mo.** Date signed **3/1/46**

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

3475

222

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

314-46

MAR 19 1948

1958

MAY 2

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Earle R. Boulton

Licensed Embalmer No. _____

2126

P. O. Address _____

California, Ill

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.