

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED MAR 1 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6807**
Registrar's No. **6**

Registration District No. **294**

Primary Registration District No. **6008**

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Randolph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **RFD #3 Clark 1 mo**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
(Specify whether in this community **Entire life**
years, months or days)

3. (a) PRINT FULL NAME **JAMES ELMO ANGELL**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Pearl Angell** 6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **June - 21 - 1879**
(Month) (Day) (Year)

8. AGE: Years **66** Months **6** Days **18** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Jake Angell**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret McDonald**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. E. Angell**
(b) Address **RFD #3 Clark Mo.**
17. (a) **Burial** (b) Date thereof **Jan - 10 - 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Chapel Grove**

18. (a) Signature of funeral director **Shaw Funeral Home**
(b) Address **Shaw Funeral Home**
19. (a) **Jan 10 - 46** (b) **J. E. Angell**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **RFD #3 Clark**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **8th**
year **1946** hour **11** minute **10** A.M.

21. I hereby certify that I attended the deceased from **Apr 4** to **Jan 8 - 1946**
that I last saw him alive on **Feb 18 - 10 - 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis of heart**
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 **D. J. Robinson** (M. D. or other)
Address **Shaw Funeral Home** Date signed **1-9-46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 10
District File Number 2-46-355
Date Filed FEB-28-1946

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.....

R. M. Carter

Licensed Embalmer No.....

4117

P. O. Address.....

Mahealy 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.