

**FILED JAN 31 1947**

Registration District No. **31**

Primary Registration District No. **31**

Registrar's No. **2**

**1. PLACE OF DEATH:**

(a) County **Stone**  
(b) City or town **RFD Billings**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **30 years** (Specify whether  
In this community **30 years** years, months or days)

3. (a) PRINT **Thomas William Angus**  
FULL NAME

3. (b) If veteran, name war **1** 3. (c) Social Security No. **1**

Male **0** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **2**  
4. Sex **0** 6. (b) Name of husband or wife **2** 6. (c) Age of husband or wife if alive **2**  
7. Birth date of deceased **Dec. 20 1871** (Month) (Day) (Year)

8. AGE: Years **74** Months **10** Days **18** If less than one day  
hr. min.

9. Birthplace **Ill.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Samuel Angus**

13. Birthplace **Nebr.** (City, town, or county) (State or foreign country)

14. Maiden name **Nancy Lentz**

15. Birthplace **?** (City, town, or county) (State or foreign country)

16. (a) Informant **Lynn Angus**

(b) Address **R F D 1 Billings, Mo.**

17. (a) **Burial** (b) Date thereof **11-9-46** (Month) (Day) (Year)

(c) Place: burial or cremation **Smart Cemetery**

18. (a) Signature of funeral director **J.B. Murridge**

(b) Address **Marionville, Mo.**

19. (a) **Jan. 26-1947** (b) **Myrtle Lofanth** (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Stone** **104**  
(c) City or town **RFD Billings** (If outside city or town limits, write "RURAL") **0**  
(d) Street No. (If rural, give location) **0**  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Nov.** day **7** year **1946** hour **3** minute **30** a. M.

21. I hereby certify that I attended the deceased from **1939** to **Nov-7** 19**46**  
that I last saw him alive on **Nov 2** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary sclerosis** Duration **29 years**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94A**

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)

(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) Means of injury **0**

23. Signature **A.P. Corbett** (M. D. or other)

Address **Amara, Mo.** Date signed **11/8/46**

RECEIVED

District Health Officer No. 6,

District File Number.....

Date Filed.....

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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..... *Herman Surridge*

Licensed Embalmer No..... *3072*

P. O. Address..... *Marionville*

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.