

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10231

FILED APR 14 1947

Registration District No.

Primary Registration District No.

3052

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2100 South Wagner
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. ten years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Susan Angle

3. (b) If veteran,
name war none

3. (c) Social Security
No. none

4. Sex Female
5. Color White
race

6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife
Charles B. Angle

6. (c) Age of husband or wife if
alive 78 years

7. Birth date of deceased June 10, 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 2
If less than one day
hr. min.

9. Birthplace Franklin County, Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name John Walker

13. Birthplace Franklin County, Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Rozella Dillard

15. Birthplace Franklin County, Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Charles B. Angle

(b) Address 2100 South Wagner, Sedalia, Mo.

17. (a) Burial (b) Date thereof 3-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Wm Ewing

(b) Address Sedalia, Missouri

19. (a) 3/15/47 (b) Betty Yeager
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 2100 South Wagner
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1947 hour 6:45 minute P. M.

21. I hereby certify that I attended the deceased from 4th
March - 1947 to Mar 12 - 1947
that I last saw him alive on Mar 12
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Virus Type

Due to Influenza

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 sta-
tistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify)

(a) 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 (e) Means of injury

23. Signature E. P. Sweeney (M. S. Sweeney)
Address Sedalia, Mo. Date signed 3/14/47

RECEIVED

District Health Officer No. 8, .

District File Number -----

Date Filed -----

4-12-47

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

Duane Ewing

Licensed Embalmer No.

35487

P. O. Address

Lebanon, 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.