

FILED APR 24 1947

Registration District No. **113**

Primary Registration District No. **4187**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Union, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
 (c) City or town Union
 (If outside city or town limits, write "RURAL")
 (d) Street No. 101 South Christina
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

MARGARET E. ANGELL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
 (b) Name of husband or wife James E. Angell 6. (c) Age of husband or wife if alive _____ years
 (b) Birth date of deceased Jan 12 1879
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>2</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Union, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name George Faughnder

13. Birthplace South Carolina (City, town, or county) (State or foreign country)

14. Maiden name Katherine C. Johnson

15. Birthplace Warrenton, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mary Phibert

(b) Address 101 South Christina

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Union Funeral Home

(b) Address Union, Missouri

19. (a) April 11, 1947 (Date received by local registrar) (b) F. T. Cooper E. F. C. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1947 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from Dec 10 1946 to April 10 1947 that I last saw him PT alive on April 10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 6 mo

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations HCF 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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) H. D. Address Union, Mo. Date signed 4/11/47

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

5
5
0

5
0
0

~~Date Filed 4-23-47~~

~~District File Number~~

District Health Officer No. 9,

RECEIVED

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.....

Harlan H. Johannaber....., Registered Apprentice No. *474*
working under my personal supervision.

Signed.....
[Signature]

Licensed Embalmer No. *2464*

P. O. Address. *Washington 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.