

FILED JUN 19 1947

Registration District No. 10

Primary Registration District No. 3019

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Wentz  
(b) City or town Kennett  
(c) Name of hospital or institution: Presnell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 day  
(Specify whether years, months or days)  
In this community 3 day

3. (a) PRINT FULL NAME

John Morris Angel Jr.

3. (b) If veteran,

name war

Spanish-American

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

Wiley Angel

6. (c) Age of husband or wife if

alive 49 years

7. Birth date of deceased

Feb. 13 1882  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

65

3

23

hr. min.

9. Birthplace

Searcy, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER, FATHER

12. Name

John M. Angel

13. Birthplace

Flora, Ark.  
(City, town, or county) (State or foreign country)

14. Maiden name

Maggie Harlow

15. Birthplace

Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant

Wiley Angel

(b) Address

Arbys, Mo.

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

June 8 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation

Manica Ark.

18. (a) Signature of funeral director

Guard and Co.

(b) Address

Leachville, Ark.

19. (a)

6-12-47  
(Date received local registrar)

(b) Signature

Earl Hubbard  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wentz  
(c) City or town Arbys  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month June day 6

year 1947 hour 3 minute 00 PM

21. I hereby certify that I attended the deceased from

6-4, 1947 to 6-6, 1947

that I last saw him alive on 6-6, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac asthma

cardiac decompensation

Due to

Due to

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 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)

(e) Means of injury

23. Signature

S. J. Presnell (M. D. or other)

Address

Kennett, Mo. Date signed 6-11-47

RECEIVED

District Health Office No. 2,

District File Number 847-851

Date Filed 6-16-47

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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.....

*H. H. Howard*

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark

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.