

Registration District No. 241

Primary Registration District No. 4360

Registrar's No. 18

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Portageville  
(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 New Madrid  
(c) City or town Portageville  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 2  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 2  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SALLIE BEulah ANGEL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOWED  
7. (b) Name of husband or wife W. H. ANGEL 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 9 1867  
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Near Malden MO (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Don't Know  
13. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace \_\_\_\_\_ 9 (City, town, or county) (State or foreign country)

16. (a) Informant Da Angel  
(b) Address Portageville Mo

17. (a) Burial (b) Date thereof 6-6-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director Arthur General  
(b) Address Portageville Mo

19. (a) 6-4-47 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature) 7/10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 24 1947 to June 3 1947  
that I last saw her alive on June 3 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 da

Due to Hypertension 7

Due to Arteriosclerosis 0

Other conditions Cataracts of both eyes 7  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy JUP  
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) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury 11

23. Signature John J. Hallion (M. D. or other) \_\_\_\_\_  
Address Portageville Mo Date signed 6-4-47

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

RECEIVED

District Health Office NO. 2.

District File Number 747-983

Date Filed 7-14-47

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.....

*Joseph A. DeLuca*

Registered Apprentice No. 488

working under my personal supervision.

Signed *Leonard J. Vargas*

Licensed Embalmer No. 4336

P. O. Address *Portagenille Ma*

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.