

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

38802

FILED NOV 21 1947

Registration District No. 115

Primary Registration District No. 3036

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Aurora Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55
(c) City or town Aurora, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Infant Angelo

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 29 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hr. min.

9. Birthplace Aurora, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Ban Aneglo

13. Birthplace Aurora, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Ellis

15. Birthplace Aurora, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ban E. Angelo
(b) Address Aurora, Mo.

17. (a) Burial Burial (b) Date thereof July 31, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director J. Ellis King
(b) Address Aurora, Mo.

19. (a) Oct. 13-47 (b) Ose Mc Nath
(Date received local registrar) (Registrar's signature) 157

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 1947 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia
superficial abscess
Due to Auto reveal fistula
Due to Periosteitis

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

Major findings: Of operations _____
Of autopsy 159

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) Manner of injury _____
23. Signature J. P. Copitt M.D. (M. D. or other)
Address Aurora, Mo. Date signed 7-30-47

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6.

District File Number 1147-1189

Date Filed NOV 19 1947

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.....

Joe N. Remy

....., Registered Apprentice No. 509

working under my personal supervision.

Signed.....

J. J. King

.....
Licensed Embalmer No. 3529

P. O. Address Aurora, 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.