

No. 2
12-45
-17-39
X47070

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

FILED DEC 6 1947 278

Registration District No. **278**

Primary Registration District No. **3054**

Registrar's No. **120**

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pike Co. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
60 Years (Specify whether years, months or days)

In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Rural Louisiana
(If outside city or town limits, write "RURAL")

(d) Street No. RFD # 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ETTA L ANGEL

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1947 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from 10-9-47
1947, to Death, 1947;
that I last saw her alive on 11-21-47
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. W. Angel 6. (c) Age of husband or wife if alive 14 years 1868

7. Birth date of deceased Sept. 14 1868
(Month) (Day) (Year)

Immediate cause of death Cardiac Decompensation Duration 1 wk.

8. AGE: Years 89 Months 2 Days 7 If less than one day hr. min.

Due to Arteriosclerotic Cardio-Vascular-Renal disease
Due to Old Age.

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

Other conditions NONE
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations NONE
Of autopsy NONE

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

MOTHER FATHER

11. Industry or business Housekeeping

12. Name George S. Gibbs

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

14. Maiden name Unknown

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

16. (a) Informant Mr. J. W. Angel

(b) Address Louisiana, Missouri

17. (a) Burial (b) Date thereof 11/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Garner & Sterne

(b) Address Louisiana, Missouri

19. (a) 11/26/47 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

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 0

23. Signature 2 R Johnson Jr (M. D. or other) MD

Address Louisiana, Mo Date signed 11-26-47

RECEIVED
District Health Officer No. 10
District File Number 12-47-1667
Date Filed DEC-5-1947

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.....

..... *Virginia M. Sterne*, Registered Apprentice No. *491*
working under my personal supervision.

Signed *J. B. Sterne*

Licensed Embalmer No. *4039*

P. O. Address *Louisiana, 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.