

FILED APR 20 1948

Registration District No. 33

Primary Registration District No. 5186

Registrar's No. 121

1. PLACE OF DEATH:

- (a) County Cape Girardeau
(b) City or town "
(If outside city or town limits, write "RURAL" and name of township) RANDOLPH
(c) Name of hospital or institution:
General Home Route 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether

In this community
years, months or days

30 yrs3. (a) PRINT
FULL NAMEWUKA ANGLE

3. (b) If veteran,

name war

No

3. (c) Social Security No.

No

4. Sex Female 5. Color or race WHITE
6. (a) Single, widowed, married,
divorced Mar
6. (b) Name of husband or wife CHARLES
6. (c) Age of husband or wife if
alive 65 years
7. Birth date of deceased MARCH 6 1880
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

68023

br. min.

9. Birthplace

UNK.ILLINOIS

(City, town, or county)

(State or foreign country)

10. Usual occupation

House wife

11. Industry or business

12. Name UNKNOWN
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant CHARLES ANGLE
(b) Address Cape Girardeau MO
17. (a) BURIAL (b) Date thereof 3-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FAIRMONT-CAP.
18. (a) Signature of funeral director John D. Navee
(b) Address Cape Girardeau Mo
19. (a) 4-13-48 (b) G. G. Summers
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmers' Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County Cape Girardeau
(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")
(d) Street No. TR #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 March day 29
year 1948 hour 6 minute A M.
21. I hereby certify that I attended the deceased from Jan
1, 1948, to March 6, 1948
that I last saw her alive on March 5, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial Heart Disease
of arrhythmic fibrillation
Due to arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause of 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 Edwin D. Campbell, M.D.
Address CAPE GIRARDEAU MO Date signed 3/15/48

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

RECEIVED

Health Officer No. 4
File Number 448-508
Date Filed 4-19-48

Not Embalmed

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

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