

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17184

FILED MAY 22 1948

State File No.

Registration District No. 280

Primary Registration District No. 69614420

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Fairley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 yrs (Specify whether
In this community 65 yrs years, months or days)

3. (a) PRINT FULL NAME Margaretha K. Angelbeck

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

5. Color or race Female white 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Jan. 16 1860
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Essen Germany
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

12. Name Henry Oberdiek

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

14. Maiden name Clara

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

16. (a) Miss Sophie Angelbeck

(b) Address Fairley Mo

17. (a) Buried (b) Date thereof April 23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City

18. (a) Signature of funeral director Edward H. Francis

(b) Address Fairley Mo

19. (a) May 6-48 (b) Oplice Rollins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Platte
(c) City or town Fairley
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country Materialized (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1948 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from February 2, 1944, to April 20, 1948
that I last saw him alive on April 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death General Arteriosclerosis Duration 6 yrs
Due to Cerebral Hemorrhage 4 yrs
with paralysis
Due to Hypertension 7

Other conditions (Include pregnancy within 3 months of death)

Major findings: 30
Of operations 1
Of autopsy 1

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 J. R. Combs (M. D. or other)
Address Lamarworth Mo Date signed 4/20/48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 5-28-48

AUG 10 1948

FEB 23 1950

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, _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.