

28338

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

S. No. 2
1-9-4-41

REGISTRATION DISTRICT NO. 137

Primary Registration District No. 3023

Registrar's No. 168

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Cheerston

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

(d) Length of stay: In hospital or institution 2 1/2 hours
(Specify whether years, months or days)

In this community 2 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME SAMUEL C. ANGLIN

3. (b) If veteran, name war No

3. (c) Social Security No. Yes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 28
year 1943 hour 10 minute 30 A.M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mary Anglin

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 7-26-83
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to 8-28, 1943; that I last saw him alive on 8-28, 1943; and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 1 Days 26 If less than one day _____ hr. _____ min.

Immediate cause of death cerebral concussion Duration 6-8 hrs.

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

Due to _____

Due to 195e

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

10. Usual occupation Farming

Major findings: Of operations none

Of autopsy none

11. Industry or business _____

12. Name Joshua Anglin

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

14. Maiden name Rosy Ann Webb

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Anglin

(b) Address Osceola Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-43
(Month) (Day) (Year)

(c) Place: burial or cremation Osceola Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident ? 1993

(b) Date of occurrence 8-28-43

(c) Where did injury occur? Osceola, St. Clair, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm unincorporated at side of Highway

While at work? no. (Specify type of place) (e) Means of injury motor

18. (a) Signature of funeral director Osceola Home

(b) Address Osceola Mo

19. (a) Aug. 28, 1943 (Date received local registrar) (b) Georgia Kitchey (Registrar's signature)

23. Signature T.H. Dangler, Jr. (M. D. or other) M.D.

Address Osceola Mo. Date signed 8-28-43

1669

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

District File Number 4-43-887

Date Filed 9-3-43

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

Jarvis Goodrich

Licensed Embalmer No.

3038

P. O. Address

Osceola 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.