

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Rural (Davis) Leaf  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 74 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Clinton Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR H 4  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELLA FLORENCE ANGLE

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband GEORGE NIMROD ANGLE 6. (c) Age of husband or wife 89 years  
7. Birth date of deceased DEC. 2 1860  
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Henry Co Mo  
(City, town, or county) (State or foreign Country)

10. Usual occupation HOUSE WORK

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Thomas Rogers  
13. Birthplace \_\_\_\_\_  
14. Maiden name Lucinda Fletcher  
15. Birthplace Lexington Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant E. C. ANGLE

(b) Address 322 N 2nd ST CLINTON MO

17. (a) BURIAL (b) Date thereof 8-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENGLEWOOD

18. (a) Signature of funeral director Conradus & Peck  
(b) Address \_\_\_\_\_

19. (a) Aug. 19 1944 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 8/7 1944 to 8/15 1944  
that I last saw her alive on 8/7 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Endarteritis  
Duration \_\_\_\_\_

Due to Atheroma

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None  
9912  
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 E. C. Peck (M.D. or other) \_\_\_\_\_  
Address Clinton Mo Date signed 8/20/44

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

42  
0  
0

DEC 15 1947

RECEIVED

Dist. No. 2  
District Number 8-44-1047  
Date Filed 9-11-47

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton, 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.