

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

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town CLINTON, DAVIS TWP.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution RR#4  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution NONE  
(Specify whether) NONE  
In this community 46 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 42  
(c) City or town Clinton, Mo. 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Davis Twp. RR#4  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country A

3. (a) PRINT FULL NAME MARY LOUISE ANGLE

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex F 1 | 5. Color or race W. | 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased FEB. 9, 1901  
(Month) (Day) (Year)

8. AGE: Years 46 Months 9 Days 18 If less than one day - hr. - min.

9. Birthplace CLINTON, HENRY CO. MO. (City, town, or county) (State or foreign country)

10. Usual occupation TEACHER

11. Industry or business -

12. Name GEORGE N. ANGLE

13. Birthplace PIKE CO. MO. (City, town, or county) (State or foreign country)

14. Maiden name ELLA FLORENCE ROGERS

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

16. (a) Informant Mrs. Wm Cooney

(b) Address Springfield, Mo.

17. (a) BURIAL (b) Date thereof 11-30-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENGLEWOOD CEM.

18. (a) Signature of funeral director J. A. Vincent

(b) Address Clinton, Mo.

19. (a) 11-29-47 (b) R. P. Kenney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28  
year 1947 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 19 to 19  
that I last saw the deceased on 11/28/47 at Clinton, Mo.  
and that death occurred on the date and hour stated above.

Immediate cause of death Shot with shotgun  
causing instant death. Duration -

Due to -

Due to -

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) suicide

(b) Date of occurrence 11/28/47

(c) Where did injury occur? Clinton Henry Twp.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm 1/2 mile from house in pasture  
while at work 210 (Specify type of place)

(e) Means of injury Shot with 12g.

Address Clinton, Missouri Date signed 11/29/47

RECEIVED  
District Health Officer No. 7,  
District File Number 10.47-1367  
Date Filed 12.1.47

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

Signed W. J. Sansant

Licensed Embalmer No. 3779

P. O. Address Gilberton

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.