

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

39920

State File No. _____

FILED DEC 21 1948

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 237

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Clinton Convalescent Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community Entire Life
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. Davis
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE N. ANGLE

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, Divorced Widowed
6. (b) Name of husband or wife Ella F. Angle
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Aug 7 1855
(Month) (Day) (Year)

8. AGE: Years 93 Months 4 Days 6
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Angle
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hingerson
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Angle

(b) Address Clinton, Mo

17. (a) Burial (b) Date thereof Dec. 15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director T. H. Darnall

(b) Address Clinton Mo

19. (a) 12-14-48 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1948 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from
May 28 1943 to 12/13 1948
that I last saw him alive on 12/13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Exhaustion
Due to Senile Dementia
Cerebral Endarteritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)
Means of injury: _____

23. Signature E. C. Peeler (M. D. or other) MD
Address Clinton Mo Date signed 12/14/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 71

District file number 11-48-1460

Date Filed 12-20-48

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 J. R. Varsant

Licensed Embalmer No. 3779

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.