

Registration District No. 690

Primary Registration District No. 5918

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Rural, Hartford Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community like _____ (Specify whether years, months or days)3. (a) PRINT FULL NAME James Munroe Angel

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M6. (b) Name of husband or wife Bertha Angel 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Nov 5 1867
(Month) (Day) (Year)8. AGE: Years 72 Months 11 Days 14 If less than one day _____ hr. _____ min.9. Birthplace Lincoln Co Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name Joseph Angel13. Birthplace Ohio
(City, town, or county) (State or foreign country)14. Maiden name Louisa Slaven15. Birthplace Montgomery Co Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs G. A. Angel(b) Address Bowling Green Mo 931017. (a) burial (b) Date thereof 10-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Indian Creek Cem18. (a) Signature of funeral director Wm. B. Lusk(b) Address Bowling Green Mo19. (a) 10-21-40 (b) Mrs Lysa Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike(c) City or town Rural - Hartford Township
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20
year 1940 hour 2 minute 2 M.21. I hereby certify that I attended the deceased from _____, 1928, to 10/20, 1940that I last saw him alive on 10/18, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of Stomach 1 yr
Duration _____

Due to _____

Due to 40Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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. A. Moore (M. D. or other) _____Address Bowling Green Date signed 10/21/40

RECEIVED

District Health Officer No. 10

District File Number 11-40-2046

Date Filed NOV 8 1940

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 Grace Banfield

Licensed Embalmer No. 2204

P. O. Address Bowling Green

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, above space should be left blank.