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4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

28249

FILED SEP 11 1941

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 71

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

926

036  
192

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
300 Hooker Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. 300 Hooker  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years. 0

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Benjamin Henry Angell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 489-18-2229

20. DATE OF DEATH: Month Aug day 30 year 1941 hour 5:30 minute 91 M.

21. I hereby certify that I attended the deceased from 8/11/41 to 8/11/41, 1941,  
that I last saw him alive on 7/28/41 and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Anna Kampke Angell

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 28, 18909  
(Month) (Day) (Year)

Immediate cause of death Apoplexy

Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

51	1	3	_____ hr. _____ min.
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Due to Hypertension

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

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

9. Birthplace Gerald Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

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

MOTHER FATHER { 12. Name Henry J. W. Angell

13. Birthplace Gerald Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lisette Droste

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Bertha Angell

(b) Address 300 Hooker St., Washington, Mo.

17. (a) BURIAL (b) Date thereof 8/4/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo

18. (a) Signature of funeral director Henry W. Otto

(b) Address Washington, Mo.

19. (a) Aug 1, 1941 (b) H. W. May  
(Date received local registrar) (Registrar's signature)

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 H. W. Otto (M. D. or other) M.D.

Address Washington, Mo Date signed 8/11/41

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 none other, Registered Apprentice No. none working under my personal supervision.

Signed

Henry W. Otto

Licensed Embalmer No.

3560

P. O. Address

Washington

**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.**