

FILED SEP 21 1942

Registration District No. 207

Primary Registration District No. 5757

Registrar's No. 120

63  
0  
0

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

1. PLACE OF DEATH

(a) County Marion Co

(b) City or town Rural - Johnson mo  
(If outside city or town limits, write "RURAL" and name of township)

(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion Co

(c) City or town Rural  
(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.

3. (a) PRINT FULL NAME Margarett a Angell

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

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 6  
year 1942 hour 4:30 minute 0 M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife E. R. Angell

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

7. Birth date of deceased 10 - 15 - 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1, 1942, to July 6, 1942  
that I last saw h. & alive on July 5, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 93 Months 9 Days 21  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cardiac Renal Syndrome 6 hrs  
Duration

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

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

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

10. Usual occupation House wife

Other conditions (include pregnancy within 3 months of death) 131a

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

MOTHER FATHER { 12. Name Elyza Brazil

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

14. Maiden name Nancy Andrew

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

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

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

Underline the cause to which death should be charged statistically.

16. (a) Informant Nancy Spaggs

(b) Address Highway 70

17. (a) Burial (b) Date thereof 7-8-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Hill Cem

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? \_\_\_\_\_

18. (a) Signature of funeral director W. H. Henderson

(b) Address St James MO

19. (a) 7-4-42 (b) Chas. H. ...  
(Date received local registrar) (Registrar's signature)

8-12-42 Edna ...  
(Licensed Embalmer's Statement on Reverse Side)

While at work? \_\_\_\_\_  
(Specify type of place)

(c) Means of injury 1

23. Signature William H. Brewer (M. D. or other) \_\_\_\_\_

Address July 7 - 42 St. ...

**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 W. L. Kehler

Licensed Embalmer No. 1970

P. O. Address St James 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, above space should be left blank.**