

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 21 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 43

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Raymond City  
(c) Name of hospital or institution:  
Nova Clark Home 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 months  
(Specify whether  
In this community 16 months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Raymond  
(If outside city or town limits, write "RURAL.")  
(d) Street No. ✓ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME JEFFERSON, LA FAYETTE ANGELL  
3. (b) If veteran, name war ✓ no 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 7  
year 1943 hour 2:10 minute A M.  
21. I hereby certify that I attended the deceased from Dec 9  
1942 to Jan 7 1943  
that I last saw him alive on Jan 7 1943  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race Caucasian  
6. (a) Single, widowed, married, divorced 1 Married  
6. (b) Name of husband or wife Marion Belle Angell  
6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased March 1 1856  
(Month) (Day) (Year)

Immediate cause of death Uremic Coma Duration 10 days  
Due to Chronic Interstitial Nephritis 6 yrs.  
Due to Chronic Myocarditis 10 yrs.

8. AGE: Years Months Days If less than one day  
85 10 6 hr. min.

Other conditions (Include pregnancy within 3 months of death) 131A  
Major findings:  
Of operations  
Of autopsy

9. Birthplace North Carolina  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Physician  
11. Industry or business  
12. Name unknown  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Angell  
(b) Address Raymond Mo.  
17. (a) Funeral (b) Date thereof Jan 7 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Waverlyburg Mo.  
18. (a) Signature of funeral director Conrad R. Rapp  
(b) Address Walden Mo.  
19. (a) Jan 6 1943 (b) W. M. Crowe  
(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 James J. ... (M. D. or other) M.D.  
Address 2204 E. 31st St. Date signed 1-7-43

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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

Signed..... *M. L. Conaway* .....

Licensed Embalmer No. *3434* .....

P. O. Address..... *Halden 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.**