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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31289

FILED OCT 7 1943

Registration District No. 3007

Primary Registration District No. 3007

Registrar's No. 285

1. PLACE OF DEATH

(a) County: Butler

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

(c) Name of hospital or institution: Barron Road /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community: 15 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler 12

(c) City or town: Poplar Bluff, Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No.: Barron Road
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Bertha Effie D. Angle

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: /

6. (b) Name of husband or wife: Herbert A. Angle

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

7. Birth date of deceased: Mar 7, 1887 (Month) (Day) (Year)

8. AGE: Years 56 | Months 6 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace: Carter County, Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: —

FATHER
12. Name: Joseph H. Foster
13. Birthplace: Nova Scotia, Canada 2 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Eliza Ellen Hanger
15. Birthplace: Reynolds Co., Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Herbert A. Angle
(b) Address: Poplar Bluff, Mo

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof: 9-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Shellbem - Carter Co., Mo

18. (a) Signature of funeral director: Frank - Cotrell
(b) Address: Poplar Bluff, Mo

19. (a) 9-16-43 (Date received local registrar) (b) Belle Turner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1943 hour 3:10 minute P. M.

21. I hereby certify that I attended the deceased from Nov 10, 1942 to Sept 14, 1943 that I last saw her alive on Sept. 12, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Nephritis	1 yr
Due to: Complicated by Osteo sarcoma	
Due to: on ribs anterior	6 Mo
Other conditions (Include pregnancy within 3 months of death): 86	
Major findings: Of operations: 65.	
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: J. Lee Harwell M. D. (Other)

Address: Poplar Bluff Mo. Date signed: 9/6/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1043-1224
Date Filed 10-5-43

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. Scott A. Cotrell

Licensed Embalmer No. 3567

P. O. Address. Poplar Bluff, 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.