

BUREAU OF THE CENSUS
FILED OCT 12 1948
Dr. Taylor

Registration District No. 76

Primary Registration District No. 5302

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Rural--Clark Twnshp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D.#2, Jefferson City, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1
In this community: 80 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.#2, Jefferson City, Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Margaret Angerer

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 Widow
6. (b) Name of husband or wife Christopher Angerer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 8 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Sommerer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella K. Erhardt
(b) Address R.R.#2, Jefferson City, Missouri

17. (a) Burial (b) Date thereof Oct. 5, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Honey Creek Lutheran Cem

18. (a) Signature of funeral director Shope Gordon
(b) Address Jefferson City, Missouri

19. (a) Oct 6 - 1948 (b) Mrs. P. D. Glover
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 1948 hour 11:00 minute _____ M.

21. I hereby certify that I attended the deceased from June 1947
C, 19____ to Oct 3, 1948
that I last saw h. u alive on Oct 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 1 hr

Due to hypertension and cerebral vascular disease
Due to _____

Other conditions Cholesterol
(Include pregnancy within 3 months of death)
diabetes

Major findings: Hb
Of operations _____
Of autopsy _____

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? Cem
(Specify type of place) (e) Means of injury 0

23. Signature Heun Daylor (M. D. or other): 17.0
Address Jefferson City, Mo Date signed 10.5.48

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

MOTHER FATHER

OCT 12 1948

OCT 13 1948

RECEIVED
SOUTH CHICAGO DISTRICT

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 Frank P. Gulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City

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.