

FILED SEP 27 1942

Registration District No. _____

Primary Registration District No. 5982

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Reynolds

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

(c) Name of hospital or institution: 1 11
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community wife years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Reynolds

(c) City or town Putah
(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 MILANDA JANE ANGEL

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1941 hour 4 minute 55 P.M.

21. I hereby certify that I attended the deceased from 10/2 to 12/3 1941

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, 2 divorced WIDOW

7. Birth date of deceased: July 29 1861
(Month) (Day) (Year)

that I last saw her alive on 12/2 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral - Epilepsy

8. AGE: Years 80 Months 4 Days 4 If less than one day hr. _____ min. _____

Duration _____

Due to _____

Due to _____

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

10. Usual occupation retired housewife

Other conditions High blood pressure
(Include agency within 5 months of death)

Major findings: Schistocytosis

11. Industry or business _____

MOTHER FATHER { 12. Name Columbus Tindell

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

14. Maiden name MALTA ASHBAUSCH

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

Of operations 12/6

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lucille Shaan

(b) Address Ellington Mo.

17. (a) BURIAL (b) Date thereof 12-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mills Cemetery

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 Phil A. Leuchel

(b) Address Ellington Mo.

19. (a) 2/3 1942 (b) Fessie Evans
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____ (e) Means of injury _____

While at work? _____

23. Signature [Signature] (M.D. or other) _____

Address Ellington Date signed 1941

RECEIVED

District Health Officer No 5,

District File Number 942704

Date Filed 9-10-72

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 12-3-41

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

Signed Philip A Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Tno

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.