

JAN 25 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42406
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 288
(b) Township 2 Primary Registration District No. 4172
(c) City Kennett (d) Street No. _____ Registered No. _____
(e) Length of residence in city or town where death occurred 0 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. JOSIE F. PANKEY

(a) Residence, No. 306 - Washington AVE. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>F. B. Pankey</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-6-1864</u>			
7. AGE	YEARS <u>76</u>	MONTHS <u>9</u>	DAYS <u>24</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>At Home</u>		
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) <u>Clarkton, Mo</u> (STATE OR COUNTRY) <u>not definitely known</u>		
	13. NAME <u>W. C. Rayburn</u>		
MOTHER	14. BIRTHPLACE (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY)		
	15. MAIDEN NAME <u>Jane Malone</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS) <u>Thos. J. Donaldson</u> <u>Kennett, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Ridge</u> DATE <u>Dec-31</u> 19 <u>40</u>			
19. FUNERAL DIRECTOR (NAME) <u>Baldwin Funeral Home</u> (ADDRESS) <u>Kennett Mo.</u>			
20. FILED <u>12-31</u> 19 <u>40</u> <u>Thos. J. Donaldson</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-30 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1940, to Dec 30, 1940
that saw her alive on Dec 30, 1940. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
decompensated heart
Date of onset 11-1-1939

Other contributory causes of importance:
Chronic nephritis

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Paul Baldwin M. D.
(Address) Kennett Mo.

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 2

District File Number 141-98

Date Filed 1/14/46

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..... A. Salomon.....

Licensed Embalmer No. 2556-

P. O. Address Keenett, 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.