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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2922

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution Mc Cleve - Brooks
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether)

In this community 40 yrs
years, months or days

3. (a) PRINT FULL NAME DOROTHY PANNEBECKER

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Silas J. 6. (c) Age of husband or wife if alive 57

7. Birth date of deceased July 13 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>6</u>	<u>5</u>	hr. min.

9. Birthplace Arcuda Mo A
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Sutton

13. Birthplace Port Kainer Mo. A
(City, town, or county) (State or foreign country)

14. Maiden name Mat Kainer

15. Birthplace Port Kainer A
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Carthage Mo

17. (a) Burial (b) Date thereof 1/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clentonville

18. (a) Signature of funeral director Walter J. ...

(b) Address El Dorado Mo

19. (a) Jan. 20, 1941 (b) G. M. G. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper 49

(c) City or town Rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. Route 4, Larcovie
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1941 hour 5 minute 45 P M.

21. I hereby certify that I attended the deceased from Jan 14, 1941, to Jan 18, 1941; that I last saw her alive on Jan 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Rt femur 4 days

Due to Shock + Senility

Due to

Other conditions 10-15
(include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 49

(b) Date of occurrence Jan 14, 1941

(c) Where did injury occur? Jasper, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home
(Specify type of place)

(e) Means of injury fall

23. Signature George H. Wood (M. D. or other) MD

Address Carthage Mo Date signed 1/19/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

41-2-204

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 *George W. Mafus*

Licensed Embalmer No. *2752*

P. O. Address *El Dorado, Ky. W.C.*

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.