

Registration District No. 82

Primary Registration District No. 57-23 4050

Registrar's No. 4

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Easton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Easton, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 1 year.
years, months or days)

3. (a) PRINT FULL NAME Emma Margarite Pankau
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert Pankau
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased September 26 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 13
If less than one day
hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife at home

11. Industry or business
12. Name Charles Neidinger
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Schriber
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Pankau
(b) Address Easton, Missouri.

17. (a) Burial
(Burial, cremation, or removal)
(b) Date thereof Feb. 13, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Easton, Mo. St. Joseph Cemetery

18. (a) Signature of funeral director H. O. Sidenfaden & Son
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 2/13-1941
(Date received local registrar)
(b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Hurlinger
(If outside city or town limits, write "RURAL")
(d) Street No. No Street Number
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th
year 1941 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from Feb 1, 1941, to Feb 8, 1941
that I last saw her alive on Feb 6, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to
Due to

Other conditions Paralysis right side of leg
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
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?
82
While at work? (Specify type of place)
(e) Means of injury

23. Signature [Signature] (M. D. or other)
Address Easton Missouri Date signed 2/11 41

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

223159

MAR 11 1941

2318

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..... *Oliver E. Hodges*

Licensed Embalmer No. 2729.

P.O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Missouri State Board of Health
St. Joseph, Mo.
L. E. Hodges
2729

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6263
Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 82
 (b) Township _____ Primary Registration District No. 1050 Registered No. _____
 (c) City Easton (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Emma Margarite Pankau
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX f 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 4 13

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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 19 41

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____, Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Influenza
 Date of onset _____
 Other contributory causes of importance: Paralysis right side of body
Probably cerebral hemorrhage

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) G. F. Kumball, M. D.
 (Address) Easton, Missouri

SUPPLEMENTARY

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

G. F. Kumball (M.D.) Easton Mo.

S-6263