

No. 2
-1-4-41
-17-39
X25

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27824

SEP 10 1941 85
Registration District No. 1001

Primary Registration District No. 1001

Registrar's No. 812

1. PLACE OF DEATH:

(a) County BUCHANAN

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

(c) Name of hospital or institution: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hr 25 min.
(Specify whether years, months or days)

In this community 8 hr 25 min.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. Parents at 1524 Savannah Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Herbert Pankou

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8 - 11 - 41
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 8 hr 25 min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Herbert Orville Pankou

13. Birthplace St. Joseph Mo
(City, town, or county) (State or foreign country)

14. Maiden name Jean Alice Cross

15. Birthplace St. Joseph Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Herbert Pankou

(b) Address 1524 Savannah Ave

17. (a) Removal (b) Date thereof 8-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Truay Kansas

18. (a) Signature of funeral director Truay Kansas

(b) Address 218 So 10 St Joseph Mo

19. (a) 8-12-41 (b) H. J. Pestelbusch
(Date received local registrar) (Registrar's signature)

Tracy Boring (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11
year 1941 hour 3 minute 35 p.M.

21. I hereby certify that I attended the deceased from 8 to 8-11 1941;
11 1941 to 8-11 1941;
that I last saw him alive on 8-11 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature to 6 1/2 mo

Due to (Cause of premature labor unknown)

Other conditions _____
(Include pregnancy within 3 months of death)

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Major findings: _____
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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Wm B. Pankou (M.D. or other) Wm B. Pankou
Address Truay Kansas Date signed 8-11-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

ST. JOSEPH

Was not Embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.