

S. No. 2
-11-10-39
-5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29635

State File No. _____

FILED SEP 6 1941

Registration District No. 075

Primary Registration District No. 3039

Registrar's No. 256

108

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: O Nevada City Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. 907 N. Cedar Street
(If rural, give location)

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

3. (a) PRINT FULL NAME George William Pannell

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 year 1941 hour 4 minute 45 - A.M.

4. Sex M

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude Pannell

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 1 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 16, 1941, to Aug 23, 1941; that I last saw him alive on Aug 23, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 5 Days 22 If less than one day _____ hr. _____ min.

Immediate cause of death

Pulmonary Edema 6 hrs

Bronchopneumonia 18 hrs

Due to Myocardial Failure 10 hrs

Due to Ruptured appendix

generalized peritonitis 6 days

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Saline County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation City Tax Assessor

11. Industry or business _____

12. Name William R Pannell

13. Birthplace Fulton County Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name George Ann Shetter

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

Major findings: Ruptured retrocaecal appendix - generalized peritonitis

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Gertrude R. Pannell

(b) Address Nevada Mo.

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? _____

17. (a) Burial (b) Date thereof Aug 25 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Boys Funeral Service

(b) Address Nevada Mo.

23. Signature W. H. Boye M.D. (M. D. or other) _____

Address Nevada Mo. Date signed _____

19. (a) Aug 23 '41 (b) W. H. Boye
(Date received local registrar) (Registrar's signature)

MAY 25 1950

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1579

Date Filed 9-4-41

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

Allen E. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada M

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.