

41322

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 7

FILED JAN 20 1946
Registration District No. 186

Primary Registration District No. 5078

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Charlotte Twp. Parao
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 72 years
In this community 72 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Judith Ann Pahlman
8. (b) If veteran, name war no
8. (c) Social Security No. none

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

6. (b) Name of husband or wife George C. Pahlman
6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased April 9 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>8</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Beardstown Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business _____

FATHER { 12. Name Henry Dutton
13. Birthplace Unk Ill
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Mary Black
15. Birthplace Unk 9 Unk
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Emma Pahlman
(b) Address Amoret Missouri

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

(c) Place: burial or cremation Virginia Gemetery

18. (a) Signature of funeral director Archer A Mangold
(b) Address Amsterdam Mo.

19. (a) 12-17-41 (b) C. A. Lusk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 9 miles S.E. Amsterdam
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th
year 1941 hour 2:45 minute A M.

21. I hereby certify that I attended the deceased from April
1, 1941, to Dec 16, 1941;
that I last saw her alive on Dec 16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Diabetes Mellitus

Due to Medullary Carcinoma

Other conditions of right breast
(Include pregnancy within 3 months of death)

Major findings: Adenocarcinoma of gum
Of operations _____
Of autopsy 50

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

23. Signature Geo. A. Lusk (M. D. or other) _____
Address Butler, Mo. Date signed 12/19/41

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

REV. 6-17-30
U. S. GOVERNMENT PRINTING OFFICE: 1935

N. 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. 7.

District File Number 12-41-2216

Date Filed 1-15-42

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 L. A. Mangard.....

Licensed Embalmer No. 3610.....

P. O. Address Amsterdam, 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.