

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(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. _____
In this community life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Boonville
(d) Street No. 600-6th. St.
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Max Panzer.

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. January 21st 1933
(Month) (Day) (Year)

8. AGE: Years 9 Months 3 Days 13 If less than one day hr. _____ min.

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

10. Usual occupation School boy.

11. Industry or business Public School.

12. Name Raymond Max Panzer

13. Birthplace Munich.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Dunkle
15. Birthplace Boonville, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Panzer.

(b) Address Washington D.C.

17. (a) Burial (b) Date thereof May 7th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director. Richard H. Miller

(b) Address Boonville, Mo.

19. (a) May-6-42 (b) Dr. Chas. Swap.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1942 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Sunstroke wound Chest

Due to _____

Due to _____

Other conditions 184 37
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Accidental 027

(b) Date of occurrence May 4th 1942

(c) Where did injury occur? Boonville Cooper Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place? 477 Seventh St. 4th Street
(Specify type of place) (e) Means of injury Gunshot

23. Signature M.H. Decker (M. D. or other) M.D.

Address Boonville Mo Date signed 5/4/42

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-2-42

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..... *J. Goodman*.....

Licensed Embalmer No. 1178

P. O. Address Basville 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, fact should be so stated above.