

Registration District No. **19472**

Primary Registration District No. **5641**

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

1. PLACE OF DEATH:

(a) County Lafayette

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

(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 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette

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

(d) Street No. (If rural, give location)

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

3. (a) PRINT WILLIS EMORY PANGBURN
FULL NAME

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Bertie Jonsson

6. (c) Age of husband or wife if alive 1869 years

7. Birth date of deceased Apr. 8 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>10</u>	<u>21</u>	hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name BENJAMIN PANGBURN

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

14. Maiden name Sarah Windoss

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

16. (a) Informant Mrs. Attie Pangborn

(b) Address Lexington, Mo.

17. (a) Burial (b) Date thereof 3-4-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly Cem.

18. (a) Signature of funeral director Standley

(b) Address Rollston

19. (a) 3-3-1943 (b) Dr. W.A. Binkley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1943 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from Oct 15 1942, to March 1st 1943
that I last saw him alive on March 1st 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic

Due to

Due to

Other conditions nephritis chronic

Major findings: 1316

Of operations

Of autopsy

Duration 4 yrs

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. Kelly (M. D. or other)
Address Waverly Date signed 3-4-43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-5-43

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address: Parrott 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.