

ED MAY 10 1943 36

Registration District No. \_\_\_\_\_

Primary Registration District No. **5500**

Registrar's No. **2**

1. PLACE OF DEATH: **Harrison**

(a) County **Harrison**

(b) City or town **Rural Union Twp**  
(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)

In this community **all of life** (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **Mary Elizabeth Pancher**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **white**

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

6. (b) Name of husband or wife **Best Pancher** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **May 9 1887**  
(Month) (Day) (Year)

8. AGE: Years **55** Months **10** Days **24** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Harrison County Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **E. B. Walbradt**

13. Birthplace **Cass County Neb. 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ann Baker**

15. Birthplace **Andrew County Mo. 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Best Pancher**

(b) Address **Ridgeway Mo**

17. (a) **Burial** (b) Date the body was disposed of **April 6 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Allen Cemetery**

18. (a) Signature of funeral director **Joe E. Wheeler**

(b) Address **Joplin Mo**

19. (a) **4-12-43** (b) **Mad. Adair**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Harrison**

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

(d) Street No. **Union Twp**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **3**  
year **1943** hour **3** minute **0** 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 **Generalized Carcinomatosis Ca of breast**

Due to **Ca of breast 2+yr**

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **50**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **J. R. Liddell** (M. D. or other)

Address **Bethon, Mo** Date signed **4-7-43**

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

11000

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**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.....

*Joe E. Wheeler*

Licensed Embalmer No. *3572*

P. O. Address *Bethany 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.**