

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

34472

FILED OCT 20 1943 4

Registration District No.

Primary Registration District No. 5298

Registrar's No. 31-42

## 1. PLACE OF DEATH:

(a) County Clinton  
(b) City or town Hemphle "Rural" LAFAYETTE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. # 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution, write street number or location  
Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma Frances Pankau Karl

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles A. Karl 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased March 8 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>6</u>	<u>11</u>	<u>hr. min.</u>

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

10. Usual occupation Housewife

## 11. Industry or business

12. Name Albert A. Pankau13. Birthplace Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Phyllomena Kimmett15. Birthplace Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant Charles A. Karl  
(b) Address R.F.D. # 1, Hemphle, Missouri17. (a) Burial (b) Date thereof Sept. 13, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Joseph Cemetery Easton Mo.18. (a) Signature of funeral director Norman W. Sidenfader(b) Address 1802 Union, St. Joseph, Mo.19. (a) 9-15-43 (b) Mr. AC Harrell  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton  
(c) City or town Hemphle "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. # 1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11  
year 1943 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 1 1943 to September 11 1943  
that I last saw her alive on September 10 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of Liver

Duration

Unk.

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

## 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)

(c) Means of injury

23. Signature Dr. J. M. Auten (M. D. Missouri)Address Stewartsville, Missouri Date signed 9/11/43

1085

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**