

FILED DEC 8 1944

Registration District No. _____

Primary Registration District No. 5229

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Gerald, Rural, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lyon Inf
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Gerald, Rural 6
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ U

3. (a) PRINT FULL NAME Mary C. Panhorst

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, widowed
6. (b) Name of husband or wife Louis P. Panhorst 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 29 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>9</u>	<u>19</u>	hr. _____ min.

9. Birthplace Near Red Oak (City, town, or county) (State or foreign country) D

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Herman Able
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 1

16. (a) Informant Chas. Blane
(b) Address Gerald, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21, 44 (Month) (Day) (Year)
(c) Place: burial or cremation Stone Church

18. (a) Signature of funeral director Ernst P. Olthmann
(b) Address Gerald, Missouri
19. (a) 11-21-44 (Date received local registrar) (b) Don Owens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 18
year 1944 hour 8:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from June 1944 to Nov. 18, 1944
that I last saw her alive on Nov. 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - origin probably colon - but these were metastases to uterus & bladder (primary)
Due to _____
Due to _____

Duration

4 1/2 years

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations H&E
Of autopsy None performed

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? _____

(Specify type of place)
While at work _____ (c) Means of injury _____
23. Signature Charles A. Schmitt (M. D. or other) _____
Address Gerald, Mo Date signed 11-21-44

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

DEC 11 1944

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed..... 12-6-44

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..... *Ernst P. Oltmann*

Licensed Embalmer No..... 4054

P. O. Address..... Gerald, Missari

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.