

S. No. 2  
M-5-43  
7. 5-17-39  
p I X36671

State File No. ....

FILED DEC 3 1945

Registration District No. 57

Primary Registration District No. 4081

Registrar's No. 5

1. PLACE OF DEATH:

(a) County CARROLL

(b) City or town BOSWORTH MO. (Rural)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)

In this community \_\_\_\_\_ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CARROLL

(c) City or town BOSWORTH MO

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

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

3. (a) PRINT FULL NAME ASA BENJAMIN PANCOAST

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 M

6. (b) Name of husband or wife HAVINA PANCOAST

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased DEC 15 1867

8. AGE: Years Months Days If less than one day

77 10 21 hr. min.

9. Birthplace Ill. (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name ISAAC PANCOAST

13. Birthplace ILL (State or foreign country)

14. Maiden name MIRIAM CARTER

15. Birthplace ILL (State or foreign country)

16. (a) Informant Mrs. W. B. PANCOAST

(b) Address BOSWORTH MO

17. (a) BURIAL (b) Date thereof 11-8-1945

(c) Place: burial or cremation WHARTON CEMETERY

18. (a) Signature of funeral director David Edwards

(b) Address Bosworth Mo

19. (a) 11-9-1945 (b) Pearl Koch

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6 year 1945 hour 1:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 6 1945 to Nov 6 1945 that I last saw him alive on Nov 6 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Prostatitis

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 plate) (c) Means of injury

23. Signature [Signature] (M. D. or other) Med

Address [Address] Date signed Nov 9 1945

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

17  
0  
0

145

**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

*David J. Edwards*

Licensed Embalmer No. *3265*

P. O. Address *Bozworth, 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.