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FILED JAN 13 1947

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 2

1. PLACE OF DEATH:

(a) County SALINE
(b) City or town MARSHALL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FITZPATRICKS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SALINE MO
(c) City or town MILTONARD SALINE CO
(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 _____

3. (a) PRINT FULL NAME

AUGUST HENRY PINKEPANK

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife BERTHA PINKEPANK 6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased APRIL 27, 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 1 If less than one day hr. _____ min. _____

9. Birthplace SALINE CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business FARMING

12. Name PHILLIP PINKEPANK

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

14. Maiden name MARIE HEERMANN

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

16. (a) Informant Mrs. Walter Weber
(b) Address Grant Farm Mo

17. (a) BURIAL (b) Date thereof 12/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW CEMETERY

18. (a) Signature of funeral director R.C. Carter
(b) Address Grant Farm Mo

19. (a) 12-30-46 (b) W. H. Westcott
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 28
year 1946 hour 2 minute 0 P.M.

21. I hereby certify that I attended the deceased from 12/10
21, 1946 to 12/27, 1946
that I last saw him alive on 10/27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Decompensation Duration 2 weeks

Due to Chronic Myocarditis 6 mo

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 930 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) (e) Means of injury _____

23. Signature W. H. Westcott (M. D. or other) MD
Address Marshall Mo Date signed 12/28/46

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

294

RECEIVED

Health Officer No. 8,

Date Filed 1-11-47

[Handwritten mark]

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 *R. C. [Signature]*

Licensed Embalmer No. 3573

P. O. Address *[Signature]*

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.