

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

**FILED MAR 24 1947**  
Registration District No. **377**

Primary Registration District No. **6276**

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

**1. PLACE OF DEATH:**  
 (a) County Worth  
 (b) City or town Sheridan Rural  
 (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 None (Specify whether  
 In this community 1 Year years, months or days)

**3. (a) PRINT FULL NAME** Edward Pankau  
**3. (b) If veteran,** name war. None **3. (c) Social Security** No. None

**4. Sex** Male **5. Color or** White **6. (a) Single, widowed, married,** Married  
**6. (b) Name of husband or wife** Ida Pankau **6. (c) Age of husband or wife if** 67  
**7. Birth date of deceased** March 18 1892  
 (Month) (Day) (Year)

**8. AGE:** Years 54 Months 11 Days 15  
 If less than one day  
 hr. min.

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

**10. Usual occupation** Farmer

**11. Industry or business** Own

**12. Name** Joseph Pankau

**13. Birthplace** Unknown Germany  
 (City, town, or county) (State or foreign country)

**14. Maiden name** Mary Kimmett

**15. Birthplace** Unknown Unknown  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Ida Pankau

**(b) Address** Sheridan, Missouri

**17. (a) Removal** Removal **(b) Date thereof** Mar. 3, 1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Hurlinger, Missouri

**18. (a) Signature of funeral director** Herman W. ...  
**(b) Address** 1802 Union St. St. Joseph, Mo.

**19. (a) March 4-47** **(b) L. L. & Dawson**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Worth **1/3**  
 (c) City or town Sheridan Rural  
 (If outside city or town limits, write "RURAL") 0  
 (d) Street No. R. F. D. # 1  
 (If rural, give location) 0  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \*

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month February day 3  
 year 1947 hour 8 minute 30 **A. M.**

**21. I hereby certify that I attended the deceased from** 19 to 19;  
 that I last saw h. alive on 19;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death**  
12.4. Gun wound in instant  
left temple  
Due to self-inflicted shot to  
limbing for four days

Duration

PHYSICIAN

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

**Major findings:**  
 Of operations 164  
 Of autopsy 164

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)** suicide

**(b) Date of occurrence** March 3, 1947

**(c) Where did injury occur?** Sheridan, Worth, Mo.  
 (City or town) (County) (State)

**(d) Did injury occur in or about home, on farm, in industrial place, in public place?**  
farm home  
 (Specify type of place)

**While at work?** 12.4. gun  
 (e) Means of injury

**23. Signature** Arch C. ... **(St. D. or other)** ...  
**Address** St. Anthony, Mo. **Date signed** 3-4-47

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....  
*James P. McClanahan* Registered Apprentice No. *486*  
working under my personal supervision.

Signed.....  
*Robert L. Maple*  
Licensed Embalmer No. *3308*  
P. O. Address.....  
*St. Joseph, 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.**