

No. 300  
-10-47  
-17-39  
PI 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32668**

**FILED NOV 8 - 1948**  
Registration District No. **2888**

Primary Registration District No. **5467**

Registrar's No. **917**

1. PLACE OF DEATH:  
(a) County Rt. 1 Willard, Greene County  
(b) City or town Rural - Robberson Trust  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rt. 1 - Willard  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 14 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene **37**  
(c) City or town Rural - Willard  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt. 1, Willard.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Patsy Ann Pack  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 22  
year 1948 hour 3 minute 10 **PM**

4. Sex F M 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Lazuras Pack-Deceased  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 18 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
SEPT 7th, 1948 to OCT 18th 4:30  
that I last saw him alive on OCT 18th, 4:30  
and that death occurred on the date and hour stated above.  
Immediate cause of death EXTREME DEBILITY & HEART CONDITION, SENILITY. Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
81 10 4 hr. \_\_\_\_\_ min.

Due to GENERAL DEBILITY, ANOREXIA FOLLOWING PNEUMONIA SEVERAL MONTHS PREVIOUS.

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

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation Housewife

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

12. Name Silas Gann  
13. Birthplace ??? Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Katheryn Gann  
15. Birthplace Dallas County Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Flora Hurd  
(b) Address Rt. 1, Willard, Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 10-24, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director W. L. Dunn  
(b) Address Springfield, Mo.  
19. (a) 10-29-48 (b) W. J. Handley M.D.  
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature J. J. Barber M.D. (M. D. or other) \_\_\_\_\_  
Address W. J. GROVE, MO. Date signed OCT 27-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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. J. Mc Cann*.....

Licensed Embalmer No. *2727*

P. O. Address *Springfield 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.**