

FILED AUG 13 1942

Registration District No. 8

Primary Registration District No. 1001

State File No.

Registrar's No. 670

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Mo. & 10 days**
(Specify whether
In this community **26 years.**
years, months or days)

3. (a) PRINT FULL NAME **Frank Pankau**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Winnie Blunt Pankau** 6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **August 27 1883**
(Month) (Day) (Year)

8. AGE: Years **58** Months **10** Days **15** If less than one day
hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **Joseph Pankau**
13. Birthplace **Hurlinger Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Kennet**
15. Birthplace **Hurlinger Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Winnie B. Pankau**
(b) Address **Seitz Addition- St. Joseph, Mo.**
Removal (b) Date thereof **July 16, 1942**
(Month) (Day) (Year)

17. (a) **St. Mary's Cent** (b) **Hulenger, Mo.**
(Place of burial or cremation) (City, town, or county)

18. (a) Signature of funeral director **Rose Heig**
(b) Address **1802 Union Str. St. Joseph, Mo.**

19. (a) **7-15-42** (b) **Rose Heig**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **"Rural" St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **Seitz addition**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12th**
year **1942** hour **10** minute **45 A.** M.

21. I hereby certify that I attended the deceased from **July 1** to **July 12**
that I last saw him alive on **July 11** and that death occurred on the date and hour stated above.

Immediate cause of death **Secondary anemia**
Tumor of spinal cord

Due to
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 place)
23. Signature **W. Heig** (M. D. or other) **MD**
Address **610 E. Main** Date signed **7/13/42**

1233

(Licensed Embalmer's Statement on Reverse Side)

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

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

Herman M. Siedewitz

Licensed Embalmer No. 2728

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23891**

Registration District No. **85** Primary Registration District No. **1001** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St. Joseph**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo** (Specify whether years, months or days)
In this community **25 yrs.**

3. (a) PRINT FULL NAME

Frank Parkan
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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug 27** (Month) (Day) (Year)

8. AGE: Years **58** Months **10** Days **10** If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** Year **1942** Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Secondary Anemia** Duration _____
Tumor of Spleen
col. (Benign)

Due to _____

Due to _____

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

Major findings: _____ Of operations _____

Of autopsy _____

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)

(b) 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 **J. Henry Saperstein** (M. D. _____)

Address **630 Francis St** Date signed **7-13**

St Joseph

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

SUPPLEMENTARY

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1861. It is a very important document, as it contains the President's message to the Congress at the beginning of his first term. The letter is written in a very formal and dignified style, and it is one of the most important documents in the history of the United States.

2. The second part of the document is a letter from the President to the Congress, dated January 1, 1861. It is a very important document, as it contains the President's message to the Congress at the beginning of his first term. The letter is written in a very formal and dignified style, and it is one of the most important documents in the history of the United States.

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