

FILED AUG 19 1942

Registration District No. _____

Primary Registration District No. 3031

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Martin Luther Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: 3 days In hospital or institution (Specify whether years, months or days)
In this community _____ years, months or days

3. (a) PRINT FULL NAME ALVIN JOSEPH PANKAU

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
6. (b) Name of husband or wife Julia Pankau 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Oct 23 1898 (Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business

12. Name Kasner Pankau
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Julia
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Julia Pankau

(b) Address Marionville, Mo.

17. (a) Burial (b) Date thereof July 8, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Oxford Cemetery

18. (a) Signature of funeral director W. H. Dumble

(b) Address Marionville, Mo.

19. (a) July 9, 1942 (b) Mary Coile (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North
(c) City or town Rural (If outside city or town limits write "RURAL")
(d) Street No. Patnell, Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1942 hour 8:00 minute — P.M.

21. I hereby certify that I attended the deceased from July 4, 1942, to July 6, 1942, that I last saw him alive on July 6, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 2 wks.

Due to 107

Other conditions Paralysis Agitans (Include pregnancy within 3 months of death) 6 yrs.

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) (e) Means of injury ✓

23. Signature W. H. Dumble (M. D. or other) DO
Address Marionville, Mo. Date signed 7-7-42

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

Mary Coile

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

Arch C. Dunfee

Licensed Embalmer No.

3252

P. O. Address

Grant City, 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, above space should be left blank.