

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6467

Do not use this space.

1. PLACE OF DEATH *Franklin 2*
 (a) County *Franklin 2* Registration District No. *300*
 (b) Township *Lyon 1* Primary Registration District No. *5417* Registered No. *1*
 (c) City *Lyon* (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred *yes* mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Mrs Caroline Panhorst*
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Henry Panhorst</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 14 - 1857</i>		
7. AGE	YEARS <i>81</i>	MONTHS <i>5</i>
	DAYS <i>24</i>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc.	<i>None</i>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
	13. NAME <i>William Heermann</i>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
	15. MAIDEN NAME <i>Mary Kaphetman</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
	17. INFORMANT <i>Albert Panhorst</i>	(ADDRESS)
	18. BURIAL, CREMATION, OR REMOVAL <i>Rock Church</i>	DATE <i>Jan 10 1939</i>
	19. FUNERAL DIRECTOR <i>Le Bertig & Son</i>	(ADDRESS) <i>New Albany Mo</i>
	20. FILED <i>1-9-1938</i>	<i>J. Matthews</i> Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-7-1939*

22. I HEREBY CERTIFY, That I attended deceased from *1-8-1939* to *1-7-1939*
 I last saw him alive on *12-31-1938* Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
 Date of onset _____

Other contributory causes of importance:
Chronic Bronchitis
General Arterial Sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *Yes*
 If so, specify _____
 (Signed) *Charles A. Schmidt* M. D.
Gerald M. S.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Earl Fertig, Licensed Embalmer No. 3385

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Earl Fertig

Licensed Embalmer No. 3385

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.)