

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10836  
Registrar's No. \_\_\_\_\_

APR 28 1941  
Registration District No. 384

Primary Registration District No. 4227

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town West Plains  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
332 Walnut Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Agnes Pirnack

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 16 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>0</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation at home

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

MOTHER FATHER  
12. Name Herman Weible  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Rosa Biner  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chris Pirnack  
(b) Address West Plains, Mo.

17. (a) Burial (b) Date thereof Feb. 28, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director Lawrence Carr  
(b) Address West Plains, Mo.

19. (a) 2-28-41 (b) Vida W SIMONS  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 4/6  
(c) City or town West Plains  
(If outside city or town limits, write "RURAL")  
(d) Street No. 332 Walnut  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 59 years 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 26 day 26  
year 1941 hour 6:15 minute 0 M.

21. I hereby certify that I attended the deceased from Feb. 13th, 1941, to Feb. 26th, 1941;  
that I last saw her alive on Feb. 26th, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Dilatation, Acute Duration 24 hrs

Due to Myocarditis, Chr. ?

Due to \_\_\_\_\_

Other conditions 93 A  
(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? \_\_\_\_\_

3 4/4  
While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature A. P. Plambeck (M. D. or other) \_\_\_\_\_  
Address West Plains, Mo. Date signed 3/4/41

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.

RECEIVED

District Health Officer No. 5,

District File Number 441472

Date Filed \_\_\_\_\_

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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 Lawrence Carr

Licensed Embalmer No. 4031

P. O. Address \_\_\_\_\_

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.