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**FILLED AUG 29 1941**

Registration District No. 266

Primary Registration District No. 4164

Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Salem  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Dolly Faye Pankey

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

4. Sex Female race White 5. Color or White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 14 1941  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	9	hr. min.

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

10. Usual occupation Infant

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

12. Name Homer Pankey

13. Birthplace Jadwin Missouri U  
(City, town, or county) (State or foreign country)

14. Maiden name Renia Freeze

15. Birthplace Dent County Missouri U  
(City, town, or county) (State or foreign country)

16. (a) Informant Namer Pankey  
(b) Address Salem, Missouri

17. (a) Burial (b) Date thereof 7/23/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Akers Cemetery

18. (a) Signature of funeral director Case K. Spencer  
(b) Address Salem, Missouri

19. (a) 8-2-41 (b) A. E. Butler, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 033

(c) City or town Salem 1  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1941 hour 2:40 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h. ✓ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus

Due to Pressure

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

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

Major findings: ✓

Of operations \_\_\_\_\_

Of autopsy ✓

Duration \_\_\_\_\_

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? 3  
(Specify type of job) (Means of injury)

23. Signature [Signature] (M. D. or other) 3  
Address Salem, Mo Date signed July 23, 1941

RECEIVED

District Health Officer No. 5,

District File Number

8411869

Date Filed

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

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.