

S. No. 2  
M-9.4  
5-17  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14160

State File No. \_\_\_\_\_

FILED MAY 6 1943

Registration District No. 99

Primary Registration District No. 4070

Registrar's No. 104

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Union Star, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

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

In this community 60 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb

(c) City or town Union Star, Mo.  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BIRDIE N. PANSELL

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

4. Sex F 5. Color or race W 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 Dec. 3, 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>4</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name Robert F. Pannell

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Eleanor J. Head

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

16. (a) Informant Earle Speaker

(b) Address Fremont, Nebraska

17. (a) Burial (b) Date thereof April 7, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star, Mo.

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City, Mo.

19. (a) 4-9-43 (b) W. D. Quigley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1943 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from November 1, 1941, to April 5, 1943  
that I last saw h. l. alive on April 5, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast  
General Carcinomatosis

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

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

Other conditions (include pregnancy within 3 months of death) 50

Major findings: Of operations \_\_\_\_\_  
Of autopsy none

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? \_\_\_\_\_ (Specify type of place) (c) Means of injury F

23. Signature Arthur E. Rockwood (M. D. or other) No  
Address Union Star, Mo. Date signed 4/6/43

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

32  
00

1248

(Licensed Embalmer's Statement on Reverse Side)

**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 *Lucile M Wilson*.....

Licensed Embalmer No. *2830*.....

P. O. Address *King 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, fact should be so stated above.**