

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15629

FILED APR 30 1943
Registration District No. 323

Primary Registration District No. 6091

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Emma, Mo Sal. Co.
(c) Name of hospital or institution: 1 Rural
(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

8. (a) PRINT FULL NAME HELENE PINKEPANK

8. (b) If veteran, name war None 8. (c) Social Security No. None

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

6. (b) Name of husband or wife LOUIS PINKEPANK 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 9 18 73
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name A. H. Steucke

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Orlady Krale

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

16. (a) Informant's own signature Hele Pinkepank

(b) Address Emma, Mo

17. (a) Emma, Mo (b) Date thereof 3-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Noly Cross Emma, Mo

18. (a) Signature of funeral director Frank King + Vaigt

(b) Address Concordia, Mo

19. (a) 3/18-43 (b) Mrs Dora Hoffman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1943 hour 2 minute 15 P M.

21. I hereby certify that I attended the deceased from 2/15/43 to 3/15/43, 19____, that I last saw her alive on 3/15/43, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Cancer Duration _____

Due to Heart failure

Due to Cancer

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

Major findings: _____

Of operations H&B

Of autopsy _____

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)

(a) Means of injury _____

23. Signature Edmund Frank (M.D. or other)

Address Concordia, Mo. Date signed 3/16/43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-19-43

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

E. S. Gunning + J. C. Vairt

2959 1571
Licensed Embalmer No.....

P. O. Address

Concordia 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.