

FILED JUL 10 1944
Registration District No. 5

Primary Registration District No. 5014

State File No. _____

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Rural #2 Jefferson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Savannah
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
(Specify whether
In this community 77 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Rural #2 Jefferson Twp?
(If outside city or town limits, write "RURAL")
(d) Street No. Savannah
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Frederick Pfander

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

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

6. (b) Name of husband or wife Edna Pfander
6. (c) Age of husband or wife if alive 77 years 17 1861

7. Birth date of deceased May 17 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 0 6 hr. min.

9. Birthplace Allen County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name George D. Pfander

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

14. Maiden name Phoebe Aylesor

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

16. (a) Informant Edna Pfander

(b) Address Rural #2, Savannah, Missouri

17. (a) Burial (b) Date thereof 6/27/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah, Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Mo.

19. (a) 4-27-41 (b) J.H. Fritchman
(Date received local registrar) (Registrar's signature)

44 1-72 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd.
year 1944 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from June 23 to June 23 1944
that I last saw him alive on June 23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Degenerative Myo-Carditis
Chryestive Heart Failure

Duration

1 year

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Walter C. Myers (M. D. number) _____

Address Savannah Mo Date signed June 24, 44

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 *Albert C. Harrington*

Licensed Embalmer No. 3258 Missouri

P.O. Address St. Joseph, Missouri.

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.