S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1947

Registration District No. 77

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 14015

Primary Registration District No. 4272

Registrar's No. 51

**1. PLACE OF DEATH:**

(a) County: LAFAYETTE

(b) City or town: WAVERLY MO
(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 years, months or days): 40 YEARS

In this community: 40 YEARS

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: MISSOURI (b) County: LAFAYETTE

(c) City or town: WAVERLY
(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: ALBERT PANGBORN

3. (b) If veteran, name war: ✓

3. (c) Social Security No.:

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: VIRGINIA PANGBORN

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: April (Month) 29 (Day) 1874 (Year)

8. AGE: Years 72 | Months 11 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace: STATE OF ILLINOIS (City, town, or county) / (State or foreign country)

10. Usual occupation: FARMING

11. Industry or business:

FATHER
12. Name: B. F. PANGBORN
13. Birthplace: NAPERO ILL (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name: SARAH WINDERS
15. Birthplace: STATE OF INDIANA (City, town, or county) / (State or foreign country)

16. (a) Informant: MRS. MAYBELLE PETERS

(b) Address: WAVERLY MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 22 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: WAVERLY CEMETERY

18. (a) Signature of funeral director: E. S. JAMES

(b) Address: CONCORDIA MO

19. (a) Apr 21-47 (Date received local registrar) (b) Clayton N. Landrum (Registrar's signature) 154

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 20 year 1947 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Jan 5, 1945, to Apr 20, 1947, that I last saw him alive on Apr 20, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: chronic myocarditis — Duration: 10 yr.?

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): arterio sclerosis generalized

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Geo A Tolliny (M. D.)

Address: Waverly, Mo. Date signed: 4/20/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 5-2-47

MAY 19 1947

MAY 19 1947

## 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 Me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 12058

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, fact should be so stated above.**