. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1947

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 16583

Registrar's No. 631

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 57 days (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. R. F. D. # 3 St. Joseph, Mo
(If rural, give location)

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

If yes, name country *

3. (a) PRINT FULL NAME Fred Panigot

3. (b) If veteran, name war None

3. (c) Social Security No. 712-01-9766

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hildred Panigot

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased January (Month) 27 (Day) 1903 (Year)

8. AGE: Years 44 Months 3 Days 9 If less than one day hr. min.

9. Birthplace Andrew County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Brakeman

11. Industry or business Union Pacific Railroad

FATHER
12. Name Constant E. Panigot
13. Birthplace Andrew County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Leona N. Cain
15. Birthplace Harrison County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Hildred Panigot
(b) Address R. F. D. # 3 St. Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Herman W. Sidenfader
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 5-9-47 (Date received local registrar) (b) E. C. Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 17, 1946 to May 6, 1947
that I last saw him alive on May 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis General
Cardio-vascular renal disease
Due to Chronic nephritis with edema
— anasarca

Due to

Other conditions
(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.

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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

23. Signature L. P. Lerion M.D. (M. D. or other)

Address St. Joseph, Mo Date signed 5-6-47

(Licensed Embalmer's Statement on Reverse Side)

SEP 8 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 James W. McClanahan, Registered Apprentice No. 486, working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.