

No. 2
-12-45
5-17-39
X47070

Registration District No. 337

Primary Registration District No. 6144

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Emden Rural

(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)

In this community Lit (Specify whether years, months or days)

3. (a) PRINT FULL NAME Wm Randolph 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 Laura Pangborn 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 30 - 1868

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>9</u>	<u>5</u>	<u>✓</u> hr. <u>✓</u> min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Freeman Pangborn

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

14. Maiden name Ellen Allison

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

16. (a) Informant Lloyd Pangborn

(b) Address Emden Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 - 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Dale Cemetery

18. (a) Signature of funeral director E.P. Thompson

(b) Address Shelbyville Mo

19. (a) May 23 - 47 (Date received local registrar) (b) Ruth Jones (Registrar's Signature) 307

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby 1020

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1947 hour 12:45 minute 0 M

21. I hereby certify that I attended the deceased from Jan 20 1947 to May 5 1947

and 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 Cerebral hemorrhage Apoplexy, about 4 months Duration

Due to Unknown

Due to ✓

Other conditions ✓ (Include pregnancy within 3 months of death) g39

Major findings: Of operations No operations

Of autopsy No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, all 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 0

23. Signature [Signature] (M. D. number) _____

Address Shelbyville Mo Date signed May 14

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 5-47-920
Date Filed MAY 28 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.....
Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed E. P. Thompson
Licensed Embalmer No. 1632
P. O. Address Shelbyville, 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.