

FILED AUG 28 1947

Registration District No.

Primary Registration District No. 4185

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Clair  
(b) City or town Franklin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: hosp 1  
(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) years

3. (a) PRINT FULL NAME Edward H Panhorst  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

4. Sex male 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Augusta 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased 9-20-1880  
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Henry Panhorst  
13. Birthplace United States  
14. Maiden name Estelita - Holman  
15. Birthplace United States  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Panhorst

(b) Address 499 Lincoln St. Atchafalaya

17. (a) burial (b) Date thereof 9-14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stone Chapel

18. (a) Signature of funeral director Sherrill Mitchell  
(b) Address St. Clair

19. (a) 8-17-47 (b) W. E. Mitchell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin  
(c) City or town St. Clair  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13  
year 1947 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug. 9 1947 to Aug. 13 1947;  
that I last saw him alive on Aug. 13 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to Was ended by destruction

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations g. 31

Of autopsy \_\_\_\_\_

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 W. E. Mitchell (M. D. or other) \_\_\_\_\_  
Address St. Clair Mo Date signed \_\_\_\_\_

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 8-27-47

SEP 29 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Shepard Kitchell  
Licensed Embalmer No. 3873  
P. O. Address H. Clair, 140

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.