

FILED JAN 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 41523

Registration District No. 138

Primary Registration District No. 4-219

Registrar's No. 42

1. PLACE OF DEATH:
 (a) County Hickory
 (b) City or town Wentzleau
 (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 _____)
 In this community All of life years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Hickory
 (c) City or town Wentzleau
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lucey Belle Panke
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 1
 year 1947 hour 11 minute P.M.
 21. I hereby certify that I attended the deceased from 1-1 1943 to 12-15 1947;
 that I last saw her alive on 11-22 1947;
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife William L. Panke alive 77 years
 6. (c) Age of husband or wife if 12-1977

Immediate cause of death Cerebral Hemorrhage
 Duration 30 min.

8. AGE: Years 70 Months 2 Days 19 If less than one day hr. _____ min. _____

Due to Myocardial Infarction 10 am

9. Birthplace Wentzleau (Rural) Mo (City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations 83A

MOTHER, FATHER { 12. Name William Delaizer
 { 13. Birthplace St. Clair Co. Mo
 { 14. Maiden name Margaret Scenteress
 { 15. Birthplace St. Clair Co. Mo

Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Warden Parks

22. If death was due to external causes, fill in the following:

(b) Address Wentzleau, Mo

(a) Accident, suicide, or homicide (specify) _____

17. (a) BURIAL (b) Date thereof 12-4-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Butcher Cemetery

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director Robert Hathaway

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address Wentzleau, Mo

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) Jan 3-1948 (b) W.C. Hargiss
 (Date received local registrar) (Registrar's signature) 21

23. Signature T.H. Dangle, Jr. (M. D. or other) MD

Address Wentzleau, Mo. Date signed 12-1-47

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

RECEIVED

District Health Officer No.

District File Number 12-47-20

Date Filed 1-9-48

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 Chas. J. Dethoway

Licensed Embalmer No. 4267

P. O. Address Wheatland, Md

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.