No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 29 1948

Registration District No. 226

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5801

State File No. 20192

Registrar's No. 23

1. PLACE OF DEATH:

(a) County: Monroe

(b) City or town: Rural - Washington
(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)
In this community: 69 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Monroe

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

(d) Street No.: South of Hunnewell Mo
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: WILLIAM CASPER PFANNER

3. (b) If veteran, name war: World War One

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: Dora Gertrude Pfanner

6. (c) Age of husband or wife if alive: 46 years

7. Birth date of deceased: April (Month) 12 (Day) 1892 (Year)

8. AGE: Years 56 | Months 2 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: John Pfanner
13. Birthplace: Switzerland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Gasparin
15. Birthplace: Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. W. C. Pfanner
(b) Address: Hunnewell Mo R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-22-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Holy R. Mount City

18. (a) Signature of funeral director: Lucille Gertrude Gunn
(b) Address: Hunnewell Mo

19. (a) June 22, 1948 (Date received local registrar) (b) Olive Little (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1948 hour About 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from — 19..., to — 19...; that I last saw him alive on — 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Suicide by Hanging Self in barn; from rafter.	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: —	
Of autopsy: No	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify): Suicide

(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) (e) Means of injury: 3

23. Signature: Russell Hilton Coroner (M. D. or other)

Address: Mount City Mo Date signed: 6/1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1950

NOV 16 1955

RECEIVED
District Health Officer No.
District File No. 6-48-11
Date Filed JUN 28 1948

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 Jack Hayes

Licensed Embalmer No. 3699

P. O. Address Steelvina, 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.