

NEW MAR 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6822
Do not use this space.

1. PLACE OF DEATH
 (a) County Greene Registration District No. 315
 (b) Township Springfield Primary Registration District No. 2801
 (c) City Springfield (d) Street No. Bunge Hoop Registered No. 182
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HOWARD ORVILLE PALMER 486
 (a) Residence, No. 1436 N. Douglas St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Virginia Palmer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18-1918
 7. AGE YEARS 25 MONTHS 2 DAYS 8 If LESS than 1 day, hrs. min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chauffeur
 9. Industry or business in which work was done, as saw mill, bank, etc. Cab Work
 10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1938
 22. I HEREBY CERTIFY, That I attended deceased from 2/20, 1938, to 2/26, 1938.
 I last saw him alive on 2/26, 1938. Death is said to have occurred on the date stated above, at 11:50 P. m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
 Date of onset 2/17/38
 Other contributory causes of importance:
108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Palmer
 FATHER 13. NAME James W. Palmer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 MOTHER 15. MAIDEN NAME Maud Cantrell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Palmer
 17. INFORMANT (ADDRESS) James W. Palmer Springfield, Mo.
 18. BURIAL, CREMATION, OR REMOVAL Highwood & Co March 20
 19. FUNERAL DIRECTOR (ADDRESS) Springfield, Mo.
 20. FILED Feb 28 1938 Chas. George Local Registrar

Name of operation None Date of None
 What test confirmed diagnosis? X-Ray Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify (Signed) W. H. Tipton M. D.
 (Address) Springfield, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, J. B. Klingner, Licensed Embalmer No. 3358
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Roy A. Gavin
1763
No. 4005 by Mr. Max Rhodes, Registered Apprentice No. 117
working under my personal supervision.

Signed J. B. Klingner
Licensed Embalmer No. 3358

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.)