REC'D FEB 21 1939

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

1599
Do not use this space.

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.

1. PLACE OF DEATH
(a) County: Boone
(b) Township: Rocky Fork
(c) City:
Registration District No.: 974
Primary Registration District No.: 5113
Registered No.: 21
(d) Street No.: R.F.D # 1 Brown Sta. Missouri St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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: Mrs. Missouri Belle Palmer
(a) Residence, No.: R.F.D. # 1 Brown Sta. Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Alvin Palmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 13, 1873

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
65	10	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Missouri 0

FATHER
13. NAME: John Palmer 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Missouri 0

MOTHER
15. MAIDEN NAME: Eliza Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Missouri

17. INFORMANT: Mr. Alvin Palmer
(ADDRESS): R.F.D. #1 Brown Sta. Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Memorial Park Columbia, Missouri DATE: Jan. 2, 1939

19. FUNERAL DIRECTOR (NAME): L. J. Meister
(ADDRESS): Boonville, Missouri

20. FILED: 1-2, 1938 Mrs F. L. Faurot
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Approx. Dec. 31,	
AP or Art. Fibrillation	
or Acute Dilation of Heart	

Other contributory causes of importance: 8241

Name of operation: Date of:
What test confirmed diagnosis? 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?
If so, specify
(Signed) M. T. Toalson Coroner M.D.
(Address) Fayette Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, L. J. Mei

....., or by .....

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

Signed L. J. Meister

Licensed Embalmer No. #2232

P. O. Address Boonville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.