

1930 JUN 20 1939

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

Do not use this space.

19444

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3039
City Sedalia (No. Bothwell)

File No. _____
Registered No. 178 St. _____ Ward _____

2. FULL NAME 451, Rosalee Erene Palmer

(a) Residence, No. Cole Camp Mo St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21st 1924

7. AGE YEARS 15 MONTHS 21 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, 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) Cole Camp Missouri

FATHER 13. NAME Webster Palmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knobnoster Missouri

MOTHER 15. MAIDEN NAME Hulda Mahnkan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Smithton Missouri

17. INFORMANT Webster Palmer (ADDRESS) RFD Cole Camp Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Holy Cross DATE 5-30-1939

19. UNDERTAKER E. R. Eichler (ADDRESS) Cole Camp Missouri 906

20. FILED 6-1- 19 39 Mrs. Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 28 1939

22. I HEREBY CERTIFY, That I attended deceased from As Coroners Case only, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolism Date of onset _____
1346'

Other contributory causes of importance: Generalized Peritonitis secondary to pelvic abscess on right

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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) John Stouffer M. D.
(Address) Coronary Pettis County

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. A permanent record of occupation is very important.

Registration
1. PLACE OF
(a) County
(b) City or
(c) Name of
(d)

RECORD

this comm
with mon

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 6/8/37

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RECEIVED
DISTRICT HEALTH OFFICER
NO. 8
JUN 10 1937

On District No. _____ Primary Registration District No. _____

PLACE OF DEATH *Pettis*
 town *Lebanon*
 (If outside city or town limits, write "RURAL" and name of township)
 of hospital or institution:

(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In _____ community (Specify whether _____)
 years, months or days

3. (a) PRINT FULL NAME *Rosa P. Palmer*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

1. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *D*

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: *7* Years Months Days If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (c) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month *May* day *28* year _____ hour _____ minute _____ M. *34 -*

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.

Immediate cause of death _____

Pulmonary embolism

Due to *ben. peritonitis*

Secondary to peptic

Due to *abscess - 9 buccal*

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

Major findings: Of operations _____ *25*

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? _____

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

23. Signature *Gordon Stanfush* (M. D. or other) _____
 Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

USE UNFADING BLACK INK should be in black ink

