

STANDARD CERTIFICATE OF DEATH

State File No. **36980**Registration District No. **235**Primary Registration District No. **3034**Registrar's No. **2113**

1. PLACE OF DEATH:

- (a) County Randolph
- (b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
Wabash R.R. Yards
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)
- In this community _____
years, months or days

3. (a) PRINT FULL NAME Virgil A. Palmer 4563. (b) If veteran, name war _____ 3. (c) Social Security No. 702-05-6927

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella Palmer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Apr. 20th 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 6 20 hr. min.9. Birthplace _____ (City, town, or county) (State or foreign country) Mo.10. Usual occupation Yard Section Foreman11. Industry or business Wabash R.R.12. Name Louis Palmer13. Birthplace _____ (City, town, or county) (State or foreign country) Mo.14. Maiden name Margaret Kindell15. Birthplace _____ (City, town, or county) (State or foreign country) Mo.16. (a) Informant's own signature Mrs Stella Palmer(b) Address Moberly Mo17. (a) Burial (b) Date thereof Nov 12-1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Green Top, Mo(a) Signature of funeral director Mahan & Son(b) Address Moberly Mo19. (a) Nov 12-1939 (b) Peak, Moberly, Mo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Randolph
- (c) City or town Moberly
(If outside city or town limits, write "RURAL")
- (d) Street No. 314 No Moulton St
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10
year 1939 hour 10 minute 40 A.M.21. I hereby certify that I attended the deceased from _____
Coroner, 19 to base, 19____, _____that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.Immediate cause of death Decapitation Duration ?Due to Accidentally falling in front of Wabash engine

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

Major findings: None PHYSICIAN _____Of autopsy None Underline the cause to which death should be charged statistically.22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence 11-10-1939(c) Where did injury occur? Moberly Randolph Mo.
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial placeWhile at work? Yes (Specify type of place) Engine room(e) Means of injury submerging
corner23. Signature E. D. Strader (M. D. or D.O.) _____
Address Moberly, Mo. Date signed 11-10-39

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

Rev. 6-17-39
U. S. G. P. 161511

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.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 11/21/77

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.....

Frank De Santis
302P
Licensed Embalmer No. *Mobaly Mo*

P. O. Address.....

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, above space should be left blank.