

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

40104
Do not use this space.

1. PLACE OF DEATH
(a) County Laurens Registration District No. 47
(b) Township _____ Primary Registration District No. 4284 Registered No. 21
(c) City Pierce City Mo (d) Street No. _____ 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. da.
2. PRINT FULL NAME Ira W. Palmer
(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie May Palmer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 - 1882
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 56 11 10
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Brick Layer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1939
22. I HEREBY CERTIFY That I attended deceased from Oct 26 1939 to Nov 16 1939
I last saw him alive on Nov 16 1939 Death is said to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:

Bronch. Pneumonia Date of onset 10-27-39
1970
Other contributory causes of importance: Abscess of Lung 11-6-39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Purdy Mo.
13. NAME Wells Palmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Name of operation _____ Date of _____
What test confirmed diagnosis? Plum Was there an autopsy? no

15. MAIDEN NAME Laura Blackley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Purdy Mo.
17. INFORMANT (ADDRESS) Hattie May Palmer
Pierce City Mo.

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 _____

18. BURIAL CREMATION, OR REMOVAL City Cemetery DATE Nov 19 1939
19. FUNERAL DIRECTOR (ADDRESS) Wm. W. Wessell Jr.
Pierce City Mo.
20. FILED Nov 17 1939 E. B. Knight Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) E. B. Knight M. D.
Pierce City, Mo. (Address)

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

District Health Officer No. 6,

District File Number 239-2548

Date Filed DEC 11 1939

STATEMENT BY LICENSED EMBALMER

I, John Russell Jr

Licensed Embalmer No. 1512

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

John Russell Jr

Licensed Embalmer No. 1512

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.)