

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2167

FILED FEB 16 1948

Registration District No. 218

Primary Registration District No. 3013

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph Hospital  
(If no hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution two days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Alicia E. Palmer

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Stanley Palmer 6. (c) Age of husband or wife if alive 33 years  
7. Birth date of deceased 2-21-1908  
(Month) (Day) (Year)

8. AGE: Years 31 Months 9 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pilot Grove Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name James Schlotzhauser  
13. Birthplace Pilot Grove Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Betty Hanger  
15. Birthplace Pilot Grove Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Stanley Palmer  
(b) Address Tipton Mo.

17. (a) Tipton Mo. (b) Date thereof Jan 24 1948  
(City, town, or county) (Month) (Day) (Year)  
(c) Place: burial or cremation Wesley Chapel Cooper Co.

18. (a) Signature of funeral director James E. Richard  
(b) Address Tipton Mo.

19. (a) 1-25-40 (b) D. Cooper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Boonville Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Tipton, Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1940 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1-22-40 to 1-24-40, 1940  
~~1-24-40~~, 1940 to 1-24-40, 1940  
that I last saw her alive on 1-24-40, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 30 min.

Due to Expiration of succines from  
orthopedic anesthesia

Due to \_\_\_\_\_

Other conditions Toxemia of Pregnancy  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_ 147

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
(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 Arthur D. Wellen (M. D. or other) M.D.  
Address Boonville Mo. Date signed 1-25-40

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.

I 118151

JUL 29 1947

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7/5/47

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

Signed James E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Lepton Mo

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.