V. S. No. 2
0M—11-10-39
Rev. 5-17-39
I X21492

FILED APR 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9945

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 1379

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

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 4220 Forest
(If rural, give location)

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

3. (a) PRINT FULL NAME: Miss Mary B. Palmer 456

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: —

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: April 1, 1860 (Month) (Day) (Year)

8. AGE: Years 79 | Months 11 | Days 26 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: At home

11. Industry or business:

FATHER 12. Name: Charles N. Palmer

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

MOTHER 14. Maiden name: Susan Cook

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

16. (a) Informant: Patti Palmer

(b) Address: Jackson, Mississippi

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 29, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Lawson, Missouri

18. (a) Signature of funeral director: Freeman Mortuary

(b) Address: 104 W. 42nd St., K.C., Mo.

19. (a) Mch 28, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27, year 1940 hour ____ minute 4:40 P.M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw the deceased alive on ____, 19__; and death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death: Bronchopneumonia

Due to: Cerebral hemorrhage (Subdural)

Due to: Laceration of the brain

Due to: Auto traumatism

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

Major findings: Of operations:

Of autopsy:

Duration

PHYSICIAN — 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: 2-15-40

(c) Where did injury occur? K.C. Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Pedestrian struck by auto (Specify type of place)

While at work? (Specify type of place) (e) Nature of injury:

23. Signature: Preston H. Fulton (M. D. or other)

Address: K.C. Mo Date signed

(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, or by J. L. Freeman, Registered Apprentice No. ..... working under my personal supervision.

Signed J. L. Freeman

Licensed Embalmer No. 2939

P. O. Address K. O. M.

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.