

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19704

Registration District No. 1155

Primary Registration District No. 6965

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Scott
 (b) City or town Illmo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20
 (Specify whether _____)
 In this community 11 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Scott
 (c) City or town Illmo
 (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.

3. (a) PRINT FULL NAME Charles Palmer H. H.
 3. (b) If veteran, name war. -
 3. (c) Social Security No. 388

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 22
 year 1940 hour 5 minute 15 P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife Sammatha Palmer
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Nov. 25 1850
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 21, 1939 to May 22, 1940
 that I last saw him alive on May 11, 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
89 5 27 hr. _____ min.

Immediate cause of death:
Chronic myocarditis
 Due to Senility
 Due to _____
 Other conditions: gsc
 (Include pregnancy within 3 months of death)

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

10. Usual occupation Farmer

11. Industry or business _____
 MOTHER FATHER { 12. Name Charley Palmer
 13. Birthplace England
 (City, town, or county) (State or foreign country)
 14. Maiden name Drucilla Knibbs
 15. Birthplace England
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy ✓

16. (a) Informant's own signature Mrs W H Shaw
 (b) Address Illmo Mo.

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)

17. (a) Burial (b) Date thereof May 24 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Cem Illmo Mo.

(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 _____

18. (a) Signature of funeral director G. S. Lingo
 (b) Address Illmo, Mo.
 19. (a) May 24 - 1940 (b) W. J. ...
 (Date received local registrar) (Registrar's signature)

28. Signature W. J. ... (M. D. or other) _____
 Address Illmo Mo. Date signed 5-24-40

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

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.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2

District File Number 640-16

Date Filed 6/3/40

JUL 30 1958

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 Mannie Beplerhoff

Licensed Embalmer No. 3242

P. O. Address Choffee 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.