

FILED NOV 20 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36025**
Registrar's No. **343**

Registration District No. **668**

Primary Registration District No. **3002**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bothwell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. # 6.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **David Ferrell Palmer Sr.**

8. (b) If veteran, name war **World War** 8. (c) Social Security No. **487-07-0392**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Palmer** 6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **Jan. 22 1899**
(Month) (Day) (Year)

8. AGE: Years **41** Months **9** Days **6** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Not Employed**

11. Industry or business _____

12. Name **Eli Palmer**

13. Birthplace **N. Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Mattie Redd Smith**

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

16. (a) Informant **Mrs. David F. Palmer**

(b) Address **Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 30/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Smithton, Mo.**

18. (a) Signature of funeral director **Gillespie Funeral Home**
(b) Address **Sedalia, Mo.**

19. (a) **17-30-40** (b) **Mr. Harry Sneed**
(Determined local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **28**
year **1940** hour **1110** minute **P** M.

21. I hereby certify that I attended the deceased from **35** to **Oct 28 1940**

that I last saw him alive on **Oct 28 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **uraemia** Duration **5 da**

Due to **Chronic Parenchymatous Nephritis** **5 yrs**

Due to **Hypertension** **2 yrs**

Other conditions (Include pregnancy within 3 months of death) **121**

Major findings: Of operations _____

Of autopsy _____

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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **906**
While at work? _____ (Specify type of place) (a) Place of injury

23. Signature **A. L. Walker** (M. D. or other) **M.D.**
Address **Sedalia mo** Date signed **Oct 29 1940**

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

4
4

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 _____

Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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.