

Registration District No. 34

Primary Registration District No. 6239

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

1. PLACE OF DEATH

(a) County Barry

(b) City or town Exeter
(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 _____
(Specify whether)

In this community 32 yrs
years, months or days

3. (a) PRINT FULL NAME Amos Palger

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex male

5. Color or race w

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

6. (b) Name of husband or wife Mary Francis Palger

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

7. Birth date of deceased Oct 23 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>1</u>	<u>87</u>	hr. <u>✓</u> min.

9. Birthplace Vermillion Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation merchant & farmer

11. Industry or business _____

MOTHER FATHER

12. Name Erasmus Palger

13. Birthplace Vermillion Co Ill
(City, town, or county) (State or foreign country)

14. Maiden name Margina Ann Phid

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

16. (a) Informant Pop Palger

(b) Address St Joseph Mo

17. (a) date (b) Date thereof Dec 1st
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Callaways

(b) Address Missouri Mo

19. (a) Dec. 4 - 1940 (b) Mrs. H. P. Searcy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Exeter Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30th
year 1940 hour 6 minute a: M.

21. I hereby certify that I attended the deceased from Nov 2, 1940, to Nov 20, 1940,
that I last saw him alive on Nov 20, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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) _____

(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? _____

33 _____
(Specify type of place)

23. Signature Thos H. Searcy (M. D. or other) _____
Address _____ Date signed _____

RECEIVED

District Health Officer No. 6,

District File Number 1240-2975

Date Filed DEC 9 1940

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.....

Lloyd Ballaway
working under my personal supervision.

Registered Apprentice No.....

Signed Lloyd Ballaway

Licensed Embalmer No. 2066

P. O. Address Monett, 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, fact should be so stated above.