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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31002

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 247

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

10
24

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: W Blvd N and Ash 10 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: No (Specify whether)

In this community: 50 years (years, months or days)

2. USUAL RESIDENCE OF DEACEASED: 10 24

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

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

(d) Street No.: W Blvd N & Ash Sts (If rural, give location)

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

3. (a) PRINT FULL NAME: WILLIS JACKSON PALMER

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: white

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

6. (b) Name of husband or wife: Eva Mae Ware

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

7. Birth date of deceased: Feb. (Month) 4 (Day) 1873 (Year)

8. AGE: Years 68 Months 7 Days 4 If less than one day ____ hr. ____ min.

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

10. Usual occupation: Painter & Decorator

11. Industry or business: ____

MOTHER FATHER

12. Name: Richard Palmer

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

14. Maiden name: Catherine Stough

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

16. (a) Informant: Lawrence Palmer

(b) Address: Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 10 '41 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Parker

(b) Address: Columbia Mo

19. (a) 9/10/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8th year 1941 hour 7:45 minute A. M.

21. I hereby certify that I attended the deceased from July 5 1941, to 9-8-1941, that I last saw him alive on 9-7, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pernicious Anemia	
Due to: Chronic Nephritis	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Robert A. Simpson M.D. (M. D. or other)

Address: Columbia 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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed. W. H. Vandeveiter

Licensed Embalmer No. 2494

P. O. Address Columbia Ill

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.