

No. 2
4

ISSUED JAN 24 1942

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4794

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 6426 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 7 Weeks / (Specify whether years, months or days)

3. (a) PRINT FULL NAME EDWIN HAY 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 Widowed

6. (b) Name of husband or wife Mrs. Olive Palmer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 1, 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Carpenter

12. Name No Record

13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

14. Maiden name _____ 9
(City, town, or county) (State or foreign country)

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wright Conrad
(b) Address 6426 Washington

17. (a) Removal (b) Date thereof 12-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galena, Kansas

18. (a) Signature of funeral director John W. Wagner
(b) Address Kansas City, Missouri
19. (a) 12/23/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State _____ (b) County Jackson 048
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 6426 Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years. 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd
year 1941 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec 1st
1941, to Dec 23 1941;
that I last saw him alive on Dec 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic poisoning ✓

Due to arterio sclerosis and endocarditis

Due to _____

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) _____

(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) (a) Means of injury _____
23. Signature Robert M. Peterson (M. D. or other) _____
Address Depue, Missouri Date signed 12/23/41

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

18
3
8

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41113
Registrar's No. 4794

Registration District No. 399 Primary Registration District No. 1002

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Edwin H. Palmer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w

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

7. Birth date of deceased Dec 1 1882
(Month) (Day) (Year)

8. AGE: Years 82 Months - Days 22
(If less than one day, hr. min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address 3130/42 N. M. Crowe

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day _____
year 1941 hour _____ minute _____ M.

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

Immediate cause of death Chronic Nephritis
Due to _____

Due to _____

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

Major findings:
Of operations 1316
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edward M. ... (M. D. or other) _____
Address Professional Bldg. Date signed 1/16/42

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

SUPPLEMENTARY

MOTHER FATHER

S-4113