

S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2376
Registrar's No. 1

Registration District No. 361

Primary Registration District No. 5506

1. PLACE OF DEATH:
(a) County Hickory County
(b) City or town Cross Timbers
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
home- Cross Timbers, Missouri /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution twenty years (Specify whether years, months or days)
In this community twenty years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Hickory 43
(c) City or town Cross Timbers, Missouri 9
(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

3. (a) PRINT FULL NAME Cyrus Alfie Palmer
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 8 42
year 1942 hour 7:05 minute A.M.

4. Sex male 5. Color or race white
6. (a) Name of husband or wife Lois Demois Palmer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 6, 1877 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 3 1942 to Jan 3 1942
that I last saw him alive on Jan 3 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 5 Days 2 If less than one day hr. min.

Immediate cause of death: Cancer of lung & esophagus
Due to: saw him one time as above stated
Duration: _____

9. Birthplace Benton County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation sawmill operator

11. Industry or business

MOTHER FATHER { 12. Name John Palmer
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Sarah Yankee
15. Birthplace Missouri (City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: Of operations H68
Of autopsy: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Glenn Lear
(b) Address Cross Timbers, Missouri

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?

17. (a) Burial (b) Date thereof Jan. 11, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Timbers

18. (a) Signature of funeral director
(b) Address Sedalia, Missouri

While at work: (Specify type of place) (e) Means of injury
23. Signature H. G. Savoy (M. D. or other)
Address Warsaw, Mo Date signed 1-9-42

19. (a) Jan 15-42 (b) Mary S. Carleton (date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

38

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RECEIVED

District Health Officer No. 7,

District File Number 2-42-26

Date Filed 2-9-42

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.....

John E. Myers

Licensed Embalmer No. 2220

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, fact should be so stated above.