S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5547

MAR 9 1942

Registration District No. 899

Primary Registration District No. 1002

Registrar's No. 719

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:
1812 Brownell, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community 56 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson, 48

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1812 Brownell, 8
(If rural, give location)

(e) Citizen of foreign country? x (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Clarence Steuben Palmer,

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed,

6. (b) Name of husband or wife Julia St. JohnPalmer,

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

7. Birth date of deceased January (Month) 27 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	0	23 ~~21~~	hr. min.

9. Birthplace New York, / (City, town, or county) (State or foreign country)

10. Usual occupation Retired,

11. Industry or business Lawyer,

FATHER
12. Name Andrew Jackson Palmer,
13. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Pringle,
15. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dean B. Parker, .
(b) Address 1812 Brownell, Kansas City, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 2-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2/20/42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th, year 1942 hour 1:40 minute A. M.

21. I hereby certify that I attended the deceased from November, 1941, to Febr. 20, 1942, that I last saw him alive on Febr 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic pneumonia	36 hours
Due to Hip fracture	2 mo.
Due to	
Other conditions Cystic right kidney (Include pregnancy within 3 months of death)	several years

Major findings:
Of operations 1860
Of autopsy Pneumonia

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) Acc 123
(b) Date of occurrence Dec 1941
(c) Where did injury occur? K C Mo. Jackson (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury fall

23. Signature Dean S Rising (M. D. ~~or other~~)
Address 814 Professional Bldg Date signed 2/20/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Dean Rising.
Bryant Bldg

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.....

Licensed Embalmer No. 1415

P. O. Address F. C. Md

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.