

REG. JUN 19 1942
Registration District No. 5554

Primary Registration District No. 5554

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Rural BLUE Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.F.D. #3, Independence, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Rural BLUE Township
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. #3 Independence, Mo
(If rural, give location)
 (e) Citizen of foreign country?.....(Yes or No)
 If yes, name country.....

3. (a) PRINT Mrs. Minnie Lucinda Palmer
 FULL NAME
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 15
 year 1942 hour 8 minute P.M.
 21. I hereby certify that I attended the deceased from May 10
 1942, to 5-13-42, 1942
 that I last saw her alive on 5-13-42
 and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mr. William E. Palmer
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased: July 3 1881
(Month) (Day) (Year)

Immediate cause of death acute dilatation of heart - carcinoma right breast
 Due to 50
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
60 10 12 hr. min.

9. Birthplace Conner Kansas
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
At Home
 11. Industry or business.....
 12. Name Otto Schellhorn
 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy none
 PHYSICIAN.....
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant William E. Palmer
 (b) Address R.F.D. NO. 3, Independence, Mo.
Burial (b) Date thereof May 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery
 18. (a) Signature of funeral director D. H. Newcomin, Sr.
 (b) Address 1401 Brush Creek Blvd.
 19. (a) May 21-42 James W. Ross
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury
 23. Signature M. G. Campbell
 Address 6020 Maple Ave Date signed 5-16-42

APR 4 1950

Dr. W. C. Anderson
6520 Indep. av
132-530

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *R-C 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.