

FILED JUL 27 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2745

48
883

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

1. PLACE OF DEATH: Jackson

(a) County Kansas City

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

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days
12 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4432 Penn.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Emma Palmer

3. (b) If veteran, name war XX

3. (c) Social Security No. No

4. Sex Fe / 5. Color or race Wh

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

6. (b) Name of husband or wife William Palmer

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

7. Birth date of deceased April 23 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name No Record

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

14. Maiden name No Record

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

16. (a) Informant J. J. Palmer

(b) Address 1111 West 38th St.

17. (a) Burial (b) Date thereof 7-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Mo.

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) 7-18-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th year 1942 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from June 25 to July 17 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to 820

Other conditions 820
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ 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 P. O. Connell MD (M. D. or other) _____
207 N. Platteau Bldg Date signed 7/17-42

Duration 18 days
8 wks.

PHYSICIAN

Underline the cause to which death should be charged statistically.

561

R.C. Mc

Post Office

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 *A. R. Hainscheld*

Licensed Embalmer No. *4159*

P. O. Address *N. E. 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.