

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 31 1942
Registration District No. 704

Primary Registration District No. 5558

Registrar's No. 31

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

48
0
0

48
0
0

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 4 Armour Mem. Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years
(Specify whether years, months or days)

In this community 50 years

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. Armour Memorial Home
(If rural, give location)

(e) If foreign born, how long in U. S. A.? NO. years.

3. (a) PRINT FULL NAME Nellie Carroll Palmer

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1942 hour 5 minute 0 P. M.

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

21. I hereby certify that I attended the deceased from Dec 1 - 36
July 19 1942 to July 19 1942
that I last saw her alive on July 18 1942
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 widowed

Immediate cause of death
Ch. Myocarditis

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

7. Birth date of deceased: April 4 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 16 If less than one day hr. min.

Due to _____

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

9. Birthplace Albuquerque New Mexico
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

12. Name Gen. Henry Carroll

13. Birthplace Copenhagen New York
(City, town, or county) (State or foreign country)

14. Maiden name Elisabeth Bourne

15. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Armour Home Records

(b) Address 81st Normal Road, K. C., Mo.

17. (a) Burial (b) Date thereof 7-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery
Stine & McClure

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 Ed Coakley (M. D. or other) _____
Address 636 Argyle Rd Date signed July 20/42

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

Angela Bell

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 *E. M. Plank*

Licensed Embalmer No. *1848*

P. O. Address *H. 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.