V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27323

Registration District No. 144 FILED SEP 11 1942

Primary Registration District No. 4234

Registrar's No. 52

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

47 / 0

1. PLACE OF DEATH:

(a) County: Iron

(b) City or town: Ironton Twp

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

(c) Name of hospital or institution: St. Mary's Hospital 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Iron 47

(c) City or town: Pilot Knob 0

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

(d) Street No.: 0

(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Samuel Palmer

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: 0 white

6. (a) Single, widowed, married, divorced: 1 married

6. (b) Name of husband or wife: Mary Palmer

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: July (Month) 30 (Day) 1860 (Year)

8. AGE: Years 82 | Months 0 | Days 19 | If less than one day: hr. min.

9. Birthplace: Caledonia (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: carpenter

11. Industry or business:

FATHER 12. Name: George Palmer

13. Birthplace: (City, town, or county) Va. 1 (State or foreign country)

MOTHER 14. Maiden name: Mary Langley

15. Birthplace: Fredericktown (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Sam Palmer

(b) Address: Ironton MO.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8-22-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Caledonia Mo.

18. (a) Signature of funeral director: Norman White & Sons

(b) Address: Ironton Mo.

19. (a) 8-29-42 (Date received local registrar) (b) Virginia R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 19 year: 1942 hour: 6 minute: 00 P.M.

21. I hereby certify that I attended the deceased from Aug. 9th, 1942, to Aug. 19th 1942, that I last saw him alive on Aug. 19th 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage from Bladder	8/19/42
Due to: Acute Hemorrhage cystitis	8/9/42
Due to: Carcinoma of Prostate	?
Other conditions (Include pregnancy within 3 months of death): Senile	

Major findings:
Of operations: —
Of autopsy: —

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):

(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)

While at work? (e) Means of injury:

23. Signature: R. E. Harland (M. D. or other) M. D.

Address: Ironton, Mo. Date signed: 8/26/42

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1942

RECEIVED
District Health Officer No. 4
District File Number 942-1138
Date Filed 9-8-42

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 Ance J. White

Licensed Embalmer No. 3012

P. O. Address Trenton Mill

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.