

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18138
18138

State File No.

Registrar's No.

MAY 27 1943
Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution Freeman Hospital
(d) Length of stay: In hospital or institution Always
In this community Always

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 2610 East 5th St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Frank Lawrence Palmer

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased March 31 1907

8. AGE: Years Months Days If less than one day
36 1 13

9. Birthplace Joplin Mo.

MOTHER FATHER

10. Usual occupation Janitor work

11. Industry or business

12. Name George Palmer

13. Birthplace Knoxville, Tenn.

14. Maiden name Lillian Oliphant

15. Birthplace St. Louis

16. (a) Informant Robert Palmer

(b) Address 2610 East 5th

17. (a) Burial (b) Date thereof 5-17-43

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker-Hysaker

(b) Address Joplin, Mo.
19. (a) 5-17-43 (b) Gustaf Dusholter

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 14 year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 12, 1943 to May 14, 1943 that I last saw him alive on May 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 8 mos?

Due to Due to

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

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature Armin H. Baker (M.D.)
Address Missoula, Mont. Date signed 5/15/43

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

1304

48-5-557

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 F. M. Jones
Licensed Embalmer No. 2219
P. O. Address Joplin 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.