

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22553**
Registrar's No. **124**

Registration District No. **324**

Primary Registration District No. **3072**

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Marshall, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
306 East Lacy St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community **12 Years**
years, months or days)

3. (a) PRINT FULL NAME **William H. Palmer**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Fay Blakely** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **January 4 1877**
(Month) (Day) (Year)

8. AGE: Years **65** Months **5** Days **16** If less than one day hr. min.

9. Birthplace **St. Gurard Nebraska**
(City, town, or county) (State or foreign country)

10. Usual occupation **Electrician**

11. Industry or business **!! !!**

12. Name **William H. Palmer** **Unknown**
13. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown** **Unknown**
15. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. William H. Palmer**
(b) Address **Marshall, Mo.**

17. (a) **Burial** (b) Date thereof **June 22 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Arrow Rock Mo**

18. (a) Signature of funeral director **J. Leslie Sumner**

(b) Address **Marshall Mo**

19. (a) **6-22-43** (b) **Mrs. H. W. Schick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**
(c) City or town **Marshall**
(If outside city or town limits, write "RURAL")
(d) Street No. **306 East Lacy St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21st**
year **1943** hour **5** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 3rd** 19**43** to **June 20** 19**43**
that I last saw him alive on **June 19** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**
Tuber Dorsalis **7 years**

Due to.....
Due to.....

Other conditions.....
(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?

(Specify type of place) (e) Means of injury.....

23. Signature **Chambers** (M. D. or other)
Address **Marshall Mo.** Date signed **6-21-43**

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

MOTHER FATHER

1215

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-9-43

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.....

Licensed Embalmer No. 3235

P.O. Address Washburn, Minn.

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.