S. No. 2
M—9-4-41
v. 5-17-39
D I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26144

Registration District No. 317 Primary Registration District No. 3064 Registrar's No. 1846

1. PLACE OF DEATH
(a) County St. Louis
(b) City or town Ferguson Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Florindale Avenue (No Number)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co.
(c) City or town Ferguson (If outside city or town limits, write "RURAL")
(d) Street No. Florindale Ave. (No Number) (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Elisha 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 Widower
6. (b) Name of husband or wife Annie Evans Palmer
6. (c) Age of husband or wife if alive, Deceased years
7. Birth date of deceased May (Month) 21 (Day) 1849 (Year)
8. AGE: Years 94 Months 2 Days 15 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Blacksmith
11. Industry or business Unknown
FATHER
12. Name "
13. Birthplace " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Carolyn Hubbs
15. Birthplace Unknown (City, town, or county) South Carolina (State or foreign country)
16. (a) Informant Mrs. Maggie Miller
(b) Address Florindale Ave. Ferguson Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Chas. A. Full
(b) Address 4454 Washington Pl.
19. (a) AUG 13 1943 (Date received local registrar) (b) C. F. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION—
20. DATE OF DEATH: Month Aug. day 5th year 1943 hour 9 minute a M.
21. I hereby certify that I attended the deceased from 8-1-1943 to 8-5-1943 that I last saw h. alive on 8-5-1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Nephritis	1935
Due to: Chr Myocarditis	1928
Due to: Arterio Sclerosis	1930
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None 131.2	
Of autopsy: none	

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Roy Johnson (M. D. or other)
Address Roy Johnson M.D. Date signed 8/5/43

(Licensed Embalmer's Statement on Reverse Side)

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 John Letter

Licensed Embalmer No. 3880

P. O. Address.....

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.