

FILED SEP 9 1943

Registration District No. _____

Primary Registration District No. 3018

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Deer
(b) City or town Salem
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Deer
(c) City or town Salem, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Charles Palmer

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

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

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

7. Birth date of deceased 11 4 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Wisconsin (City, town, or county) _____ (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER { Name Not known
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
MOTHER { 14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Mary Loughlin

(b) Address Salem, Mo.

17. (a) Burial (b) Date thereof 9-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ledy Grove

18. (a) Signature of funeral director Hobart Chaulin

(b) Address Salem, Mo.

19. (a) 9-3-43 (b) J. W. Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1943 hour _____ minutes 3 A M.

21. I hereby certify that I attended the deceased from Aug 1943 to Sept 1943
that I last saw him alive on Sept _____ 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiovascular
Renal Disease
Nephritis
Due to _____
Due to _____

Other conditions: 13/a
(Include pregnancy within 3 months of death)

Major findings: NO
Of operations _____
Of autopsy NO

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? no (Specify type of place) _____ (e) Means of injury no

23. Signature J. W. Moore (M. D. or other) _____
Address Salem, Mo. Date signed 9-3-43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 5
District File Number 943526
Date Filed 9-7-43

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.....

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, above space should be left blank.