No. 2
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5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 31365

FILED OCT 9 1943

Registration District No. 1943 Primary Registration District No. 3010 Registrar's No. 297

**1. PLACE OF DEATH:**
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1205 S. Spanish St (Salvation Army Hall)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 2 days

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Near Crainton, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Mrs. Ina Palmore
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Jim Palmore
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Feb. (Month) 22 (Day) 1881 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 62 | 6 | 27 | hr. min. |

9. Birthplace: — (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: House keeper
11. Industry or business:
FATHER
12. Name: James Stewart
13. Birthplace: — (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name: Alethe Barnes
15. Birthplace: — (City, town, or county) Michigan (State or foreign country)
16. (a) Informant: Mrs. William H Foster
(b) Address: Crainton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 23, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Morgan Memorial Park
18. (a) Signature of funeral director: Leon S. Morgan
(b) Address: Advance, Mo.
19. (a) 9-25-43 (Date received local registrar) (b) G. W. Phelps (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: Sept. day: 19th year: 1943 hour: about 2 minute: A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to Coroner Case, 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

| Immediate cause of death: Coronary Occlusion | Duration |
|---|---|
| Due to: Arteriosclerosis | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): 94-W | |
| 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: Dr. J. F. Sigmund Coroner (M. D. or other)
Address: Jackson, Mo. Date signed: 9/19/43

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1043-2809

Date Filed 10-6-43

**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 Lloyd S. Morgan, Registered Apprentice No. ..... working under my personal supervision.

Signed Lloyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, 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.**