S. No. 2
M—2-43
5-17-39
1 X35897

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. 44303

FILED JAN 5 1949

Registration District No. 1949 Primary Registration District No. 1002 Registrar's No. 5471

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lake Side Hospital (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 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 5632 East 10th Street (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Mrs. Ethel Palmer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Russell Palmer

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feb. (Month) 13 (Day) 1895 (Year)

8. AGE: Years 48 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Fort Madison (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

FATHER 12. Name Andrew O'neal

13. Birthplace NO record (City, town, or county) Ireland (State or foreign country)

MOTHER 14. Maiden name Alice Neal

15. Birthplace No record (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mr. E. H. O'Neal

(b) Address Kansas City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-43 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Harlan Poe

(b) Address Kansas City, Missouri

19. (a) 12-22-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1943 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from May 22, 1943 to Dec 20, 1943 that I last saw him alive on Dec 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Complete cardiac & respiratory failure

Due to Hypertension

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations

Of autopsy

Duration

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 G. L. Autry Jr. (M. D. or other) DO.

Address 608 E. Chambers Bldg Date signed 12-22-43

(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~~ Harlyn Roe, Registered Apprentice No. ....., working under my personal supervision.

Signed Harlyn Roe

Licensed Embalmer No. 2810

P. O. Address K. C. 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.