

FILED FEB 1 1944

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 295

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Boone County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 Hours  
(Specify whether In this community years, months or days) 2 1/2 Hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone

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

(d) Street No. 405 Jackson St  
(If rural, give location)

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

If yes, name country. None

3. (a) PRINT FULL NAME BABY GIRL PALMER

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 0

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased 12 - 5 - 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

2 30 hr. min.

9. Birthplace Columbia Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Hubert Palmer

13. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Berneta Smith

15. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Palmer

(b) Address Route 2, Columbia, Mo.

17. (a) Burial (b) Date thereof 12-7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Top Cemetery

18. (a) Signature of funeral director Barber Funeral Service

(b) Address Columbia, Mo.

19. (a) Dec 7, 1943 (b) Edna H. Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5  
year 1943 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec 4  
1943 to Dec 5, 1943,  
that I last saw her alive on Dec 5, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis

Due to Premature Birth

Due to 7 mo.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 159

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature F. C. Suggitt (M. D. or other) M.D.

Address Columbia Date signed 12-6-43

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**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 *M. J. Phillips*.....

Licensed Embalmer No. *3893*.....

P. O. Address *Palmyra 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.**