

Registration District No. **47** Primary Registration District No. **3008**

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

1. PLACE OF DEATH:

(a) County **Callaway**

(b) City or town **Gulfport**

(c) Name of hospital or institution: **St. Joseph #1-2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3m - 9 days**
(Specify whether years, months or days)

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Barren**

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Henry Lewis Palmer**

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

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **Sept 25 - 1880**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	2	18	hr. _____ min. _____

9. Birthplace **MO** (City, town, or county) (State or foreign country)

10. Usual occupation **DR**

11. Industry or business _____

12. Name **Henry Palmer**

13. Birthplace **MO** (City, town, or county) (State or foreign country)

14. Maiden name **Lucy H. Palmer**

15. Birthplace **MO** (City, town, or county) (State or foreign country)

16. (a) Informant **second**

(b) Address _____

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-15-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Sturgeon Cem. Barren & Boothe**

18. (a) Signature of funeral director **Sturgeon, Mo**

(b) Address _____

19. (a) **12-13-1943** (Date received local registrar) (b) **Jose Mosekoff** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **13** year **1940** hour **2** minute **0** M.

21. I hereby certify that I attended the deceased from **9-4-** 19**43** to **12-12-** 19**43** that I last saw him alive on **12-12-** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Syphilis**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **309**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **K.E. Sherrill** (M. D. or other) Address **Franklin** Date signed **12/13/43**

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MAR 14 1944

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..... *A. C. Booth*

Licensed Embalmer No. *4087*

P. O. Address..... *Sturgeon 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.