S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1944

Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3000

State File No. 6426

Registrar's No. 59

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hospital 0
(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 Life

2. USUAL RESIDENCE OF DECEASED: 98
(a) State Missouri (b) County Schuyler 0
(c) City or town Greentop 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Lucy Palmer
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theodore Palmer
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased June (Month) 15 (Day) 1872 (Year)

8. AGE: Years 71 Months 7 Days 21 If less than one day hr. min.

9. Birthplace Adair Co. (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Jasper Wilson
13. Birthplace Virginia / (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Poole
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Theodore Palmer
(b) Address Greentop, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/44 (Month) (Day) (Year)
(c) Place: burial or cremation Greentop, Mo.
18. (a) Signature of funeral director D.E. Riley
(b) Address Kirksville, Mo.
19. (a) 3/4/44 (Date received local registrar) (b) Mrs. J. E. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6 year 1944 hour 9 minute 06 P.M.
21. I hereby certify that I attended the deceased from Feb 4, 1944, to Feb 6, 1944, that I last saw her alive on Feb 6, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pulmonary congestion and Uremia — Duration 2 days
Due to
Due to Uremia due acute nephrosis
Jaundice —
Other conditions (Include pregnancy within 3 months of death) 126
Major findings: Of operations gall bladder filled - pus and stones - removed
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 2
23. Signature Earl Laughlin Jr. (M. D. or other) DO
Address Kirksville, Mo. Date signed 2/13/44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-44-227
Date Filed MAR 8 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. D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville 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.