

FILED MAR 16 1944

Primary Registration District No. 3010

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

1. PLACE OF DEATH:  
 (a) County Cape Girardeau  
 (b) City or town Cape Girardeau  
 (c) Name of hospital or institution: Southeast Mo. Hospital  
 (d) Length of stay: In hospital or institution 3 days  
 In this community 3 days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cape Girardeau  
 (c) City or town Rural  
 (d) Street No. Cape Girardeau R.F.D. # 1  
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Glenda Earline Palmer  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month February day 14th  
 year 1944 hour 9 minute P. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 7. Birth date of deceased: January 9th 1940

21. I hereby certify that I attended the deceased from Feb 13 1944 to Feb 14 1944  
 that I last saw her alive on Feb 14 1944  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>4</u>	<u>1</u>	<u>5</u>	_____ hr. _____ min.

Immediate cause of death: Robert pneumonia  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

9. Birthplace Cape Girardeau Missouri  
 10. Usual occupation Child

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name Jess Palmer  
 13. Birthplace Ruble Missouri  
 14. Maiden name Ethel Link  
 15. Birthplace Gackson Missouri

16. (a) Informant Mr. & Mrs. Jess Palmer  
 (b) Address Cape Girardeau R.F.D. # 1  
 17. (a) Burial (b) Date thereof 2-17-1944  
 (c) Place: burial or cremation Lorimier Cemetary  
 18. (a) Signature of funeral director L. L. Haman  
 (b) Address Cape Girardeau, Missouri  
 19. (a) 3-21-44 (b) G. K. Phelps

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? \_\_\_\_\_  
 (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 J. Cochran (M. D. or other) \_\_\_\_\_  
 Address Cape Girardeau Mo Date signed 2/17/44

7017

District Health Officer No. 4

District File Number 344-353

Date Filed 3-9-44

**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 Howard P. Haman

Licensed Embalmer No. 4122

P.O. Address Cape Girardeau, Missouri

**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.**