

FILED MAR 3 1946 130  
Registration District No. ....

Primary Registration District No. 5463A

39  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **GREENE**

(a) County **Greene**

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

(c) Name of hospital or institution: **Rt. 1, Strafford, Mo.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **About 25 Yrs**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **39**

(a) State **Missouri** (b) County **Greene**

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

(d) Street No. **Rt. 1, Strafford, Mo.**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME **George Washington Palmer**

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

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

6. (b) Name of husband or wife. **Mary** 6. (c) Age of husband or wife if alive. **80** years

7. Birth date of deceased. **Feb. 21, 1860**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>84</b>	<b>--</b>	<b>--</b>	.....hr. ....min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Joe Palmer**

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

14. Maiden name **Elizabeth Molder**

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

16. (a) Informant **William A. Palmer**

(b) Address **Rt. 1 Strafford, Mo.**

17. (a) **Rural** (b) Date thereof **Feb 27 44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Pisgah Cemetery**

18. (a) Signature of funeral director. **Dunn Funeral Home**

(b) Address **Springfield, Mo.**

19. (a) **Feb 26 44** (b) **Harland Harrison**  
(Date received local registrar) (Registrar's signature)

1246

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **21st.**  
year **1944** hour **1** minute **45** P. M.

21. I hereby certify that I attended the deceased from **Feb 18 1944** to **Feb 21 1944**  
that I last saw him alive on **Feb 31**, 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
Due to.....

Duration

**4 days**

Due to.....

Other conditions (include pregnancy within 3 months of death) **g3a1**

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 **R. H. Focht** (M. D. or other) **MD**

Address **Strafford Mo.** Date signed **2/23/44**

JUN 15 1953

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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.....

*C. D. McEachern*

Licensed Embalmer No.....

*2891*

P. O. Address.....

**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.**