S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18367

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 42

49
6
2

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 419 Ellis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City 49
(If outside city or town limits, write "RURAL")

(d) Street No. 419 Ellis 6
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Wm. Timothy Palmer

3. (b) If veteran, name war .....

3. (c) Social Security No. 491-01-4752

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Blanche Palmer

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased October (Month) 11 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	7	4	..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name John Palmer
13. Birthplace ..... (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Ida M. Fuller
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Blanche Palmer
(b) Address Webb City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Webb City Und. Co
(b) Address Webb City Mo

19. (a) May 17 1944 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 15
year 944 hour 9.15 minute a. M.

21. I hereby certify that I attended the deceased from Apr 5, 1944 to May 15, 1944
that I last saw her alive on May 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Obstruction	
Anginal Pectoris	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

94a

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 .....

23. Signature [illegible] (M. D. ~~or other~~)
Address Webb City Mo Date signed 5/17/44

(Licensed Embalmer's Statement on Reverse Side)

1180

44-5-469

APR 21 1946

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 Myself,

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.