S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20790

State File No.

FILED JUN 22 1944

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 2351

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Research Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 15das
In this community 36 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2527 Cleveland 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no 0

3. (a) PRINT FULL NAME Mrs Marjorie P. Palmer

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife Lee R. Palmer

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 20th 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	2	21	hr. min.

9. Birthplace ST Joseph Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Albert Hunt
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Lee R. Palmer
(b) Address 2527 Cleveland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2d 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood Blvd

19. (a) 6-1-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1944 hour 5 minute 10 a M.

21. I hereby certify that I attended the deceased from May 15, 1944, to May 31, 1944, that I last saw her alive on May 30, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Tumor
Probably
Due to Non-Malignant

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Harold A. Pollett (M. D. or other) M.D.
Address 1132 Prof. Bldg K.C. Date signed 5/31/44

(Licensed Embalmer's Statement on Reverse Side)

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address 1800 Linwood Blv

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.