

No. 2
1-5-42
5-17-39
1 X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28051

State File No.

Registrar's No. 379

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Gasper
(b) City or town Joplin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Crawford
(c) City or town Mulberry Kans
(If outside city or town limits, write "RURAL")
(d) Street No. 14
(If rural, give location)
(e) Citizen of foreign country? no
If yes, name country no

3. (a) PRINT FULL NAME James Lee Palmer

3. (b) If veteran, name war none 3. (c) Social Security No.

4. Sex m. 5. Color or race w 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Jan 23 - 1938
(Month) (Day) (Year)

8. AGE: Years 6 Months 6 Days 8 hr. min.

9. Birthplace Mulberry Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER

12. Name Carl Palmer

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

14. Maiden name L. Bern Alexander

15. Birthplace Mulberry Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Palmer

(b) Address Mulberry Mo

17. (a) Burial (b) Date thereof 8-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mulberry Mo

18. (a) Signature of funeral director Chas Smith

(b) Address Mulberry Mo

19. (a) 8-7-44 (b) Glenn E. Suckale
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1944 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 10
1944 to August 1 1944
that I last saw him alive on July 31 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pseudo leukemic anemia
(von Jaksch)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 17381
Of autopsy

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 [Signature] (M. D. or other)
Address Joplin Mo Date signed 8/1/44

Duration
?
?
PHYSICIAN
Underline the cause to which death should be charged statistically.

1204

(Licensed Embalmer's Statement on Reverse Side)

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

44-8-652

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Otis Smith
.....
Licensed Embalmer No. 3652
P. O. Address Mulberry 702

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.