

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8466**

1. PLACE OF DEATH:

(a) County _____

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

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

(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **Route 2**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Nancy J. Palmer**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **4**
year **1944** hour **4:50** minute **A.** M.

21. I hereby certify that I attended the deceased from **August 14**, 19**44** to **October 4**, 19**44**
that I last saw **her** alive on **October 3**, 19**44**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **William W. Palmer**

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

7. Birth date of deceased: **March 8** **1867**
(Month) (Day) (Year)

Immediate cause of death: **Cerebral Hemorrhage** **5 Days**

Due to **Hypertension**

Due to _____

Other conditions: **Myocarditis with bundle branch block** **2 years**

8. AGE: Years Months Days If less than one day

77	6	26	hr. _____ min.
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Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Jack Elrod**

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

14. Maiden name **Sina Cross**

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

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? _____

16. (a) Informant **T.J. Palmer**

(b) Address **Rolla, Missouri**

17. (a) **Burial** (b) Date thereof **10-6-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rolla, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Bldg.**

19. (a) **OCT 4 1944** (b) **J.F. Bredebeck**
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) _____ (M. D. or other)

23. Signature **P. D. Taylor** Date signed **10/11/44**

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

JUN 8 1945

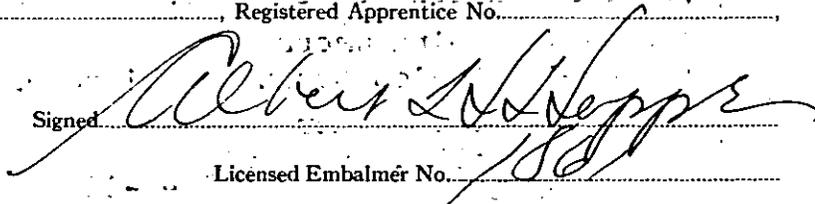
APR 20 1945

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.....



Licensed Embalmer No.....

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.