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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1944

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30592

Primary Registration District No. 5152

Registrar's No. 53

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

13
0
0

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Rural Grant Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell 13
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jettie Edythe Palmer
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Robert E. Palmer
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June (Month) 20 (Day) 1888. (Year)

8. AGE: Years 56 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Ray County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Solomon Jones
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country) 1

MOTHER
14. Maiden name Harriet Rainwater 0
15. Birthplace unknown (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Robert Palmer
(b) Address Polo, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 23 (Day) 44 (Year)
(c) Place: burial or cremation Kingston Cemetery
18. (a) Signature of funeral director Cramer Clark.
(b) Address Kingston, Missouri.
19. (a) Oct 1-1944 (Date received local registrar) (b) Corinne Jarrett (Registrar's signature) Deputy Reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20 year 1944 hour 8 minute 17 M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on Aug. 19 , 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis.	10 min
Due to not known	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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 0

23. Signature C H Wilson M.D. (M. D. or Coroner)
Address Polo Mo Date signed 8-21-44

96 (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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, Missouri.

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.