

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eleanor C. Palmer
3. (b) If veteran, name war no
3. (c) Social Security No. _____

4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Forrest C. Palmer
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 21, 1922
(Month) (Day) (Year)

8. AGE: Years 22 Months 4 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Sheldon Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Everette Caldwell

13. Birthplace Carroll Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Betha Baker

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

16. (a) Informant Mr. B. Caldwell

(b) Address Milo, Mo.

17. (a) Burial (b) Date thereof 9-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Memorial Park

18. (a) Signature of funeral director Manuel C. ...

(b) Address Nevada, Mo.

19. (a) 9-7-44 (b) Hazel B. Beursch
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1944 hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from 6/7, 1944 to 9/2, 1944
that I last saw her alive on 9-2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Puerperal infection Duration 1 week
Due to Cesarean section

Due to puerperal toxemia & meluria acuta

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 149
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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature J. L. Martin (M. D. or other) M.D.
Address Nevada Date signed 9/1/44

RECEIVED

DEC 4 1944

Death Certificate Officer No. 7,
License Number 9-44-1152
Date Filed 10-11-44

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 Mark E. Eicher
Licensed Embalmer No. 2656
P. O. Address Peewee, 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.