

FILED FEB 14 1945

Registration District No. 199

Primary Registration District No. 1002

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

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: General Hospital No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-18-45-1-27-45  
(Specify whether years, months or days)

In this community 17 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1811 E. 16  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME GERTRUDE PALMER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex female 5. Color or race Negro

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

6. (b) Name of husband or wife John H. Palmer

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

7. Birth date of deceased May 11 1892  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>8</u>	<u>16</u>	hr. min.

9. Birthplace Abelene Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name Tom Avant

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

14. Maiden name Nanny Hardison

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

16. (a) Informant Record Clk.

(b) Address Gen. Hosp. #2.

17. (a) burial (b) Date thereof 2/1/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Mathine Bros

(b) Address 1729 Lydia

19. (a) 1-30-45 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27  
year 1945 hour 1:00 minute a. M.

21. I hereby certify that I attended the deceased from January 18 1945 to January 27 1945  
that I last saw her alive on January 27 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis Duration

Due to Post-operative fibroid and bilateral dermoid cyst, ruptured  
into the intestine.

Other conditions 56a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy Same as above

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?

23. While at work? (Specify type of place) (e) Means of injury 0

Signature G. E. Brown (M. D. or other)

Address Gen. Hosp #2-600 E. 22 Date signed

**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..... *J. Manlove* .....

Licensed Embalmer No. *3994* .....

P. O. Address *2503 Highway* .....

**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.**