

Registration District No. **238**

Primary Registration District No. **60148**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Bloomfield, Castro
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Bloomfield, Mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lourelia Palmer

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 10 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 19
If less than one day _____ hr. _____ min.

9. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Elmore

13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Priscilla White

15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Miller,

(b) Address Puxico, Mo. R.

17. (a) Burial (b) Date thereof 12-1-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Pleasant Valley

18. (c) Signature of funeral director Chiles and Co.

(b) Address Bloomfield, Mo.

19. (a) 12-5-1944 (b) Pearl Elmore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-29 day 1944 year 6:15 hour _____ minute _____ P.M.

21. I hereby certify that I attended the deceased from 6 1944 to Nov 29 1944
that I last saw him alive on Nov 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial Bulbs Type

Due to _____

Due to _____

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

Major findings: _____
Of operations ✓

Of autopsy ✓

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? _____

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

23. Signature W. Elmore (M. D. or other)

Address Puxico Mo Date signed 11/29/44

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

300

1150

RECEIVED

District Health Office No. 2,

District File Number 145-97

Date Filed 1-16-45

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 *Juan Cooper*

Licensed Embalmer No. 4119

P. O. Address *Bloomfield, 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.