S. No. 2
OM—5-43
v. 5-17-39
I- X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34794

Registration District No. 325 Primary Registration District No. 4480 Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Schuyler
(b) City or town: Greentop, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Van Osdol Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 weeks (Specify whether years, months or days)
In this community: 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Schuyler 98
(c) City or town: Greentop, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Theodore D. Palmer
3. (b) If veteran, name war: no
3. (c) Social Security No. 490-18-5472
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Lucy Palmer
6. (c) Age of husband or wife if alive: dead years
7. Birth date of deceased: Feb. (Month) 5 (Day) 1872 (Year)
8. AGE: Years 73 Months 6 Days 8 If less than one day hr. min.
9. Birthplace: Scotland County (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business:
FATHER 12. Name: Philatis Palmer
FATHER 13. Birthplace: Unknown (City, town, or county) Mo. 0 (State or foreign country)
MOTHER 14. Maiden name: X Stice
MOTHER 15. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant: Dolph Dyer 1.
(b) Burial: Greentop, Mo
17. (a) Greentop Cemt (Burial, cremation, or removal) (b) Date thereof: 8-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Greentop Cemt. Burial
18. (a) Signature of funeral director: D. E. Riley
(b) Address: Kirksville, Mo.
19. (a) Sept 20-45 (Date received local registrar) (b) Byrdie H. Drake (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13. year 1945 hour 8 minute 55 P. M.
21. I hereby certify that I attended the deceased from Aug 2, 1945, to Aug 13, 1945; that I last saw h alive on Aug 13, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Prostate — Duration

Due to:

Due to:

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

Major findings:
Of operations: 5 lb
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: C. H. Van Osdol M.D. (M.D. or other)
Address: Greentop, Mo Date signed 8-14-45

1475

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-45-1532
Date Filed OCT 16 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 D E E Riley

Licensed Embalmer No. 4141

P. O. Address Kirksville 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.