V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37240

FILED NOV 28 1945

State File No. .....

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 903

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7½ hours (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright 114

(c) City or town Hartville (If outside city or town limits, write "RURAL") 0

(d) Street No. ..... (If rural, give location) 1

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

If yes, name country .....

3. (a) PRINT FULL NAME Bobby Dee Palmer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wht

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Aug. (Month) 16 (Day) 1941 (Year)

8. AGE: Years 4 Months 2 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Hartville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business .....

FATHER
12. Name James Aubrey Palmer
13. Birthplace Hartville (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mildred Stigall
15. Birthplace Niangua (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant James Aubrey Palmer

(b) Address Hartville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-45 (Month) (Day) (Year)

(c) Place: burial or cremation Hartville Mo.

18. (a) Signature of funeral director Gene C Holdren

(b) Address Hartville Mo

19. (a) 11-5-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1945 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from Nov 4, 1945, to Nov 4, 1945 that I last saw him alive on Nov. 4, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diptheria	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 10	
Major findings: Of operations Tracheotomy	
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 Nalles Smith (M. D. or other) MD

Address Springfield Mo Date signed 11-5-45

984

(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 Gene E. Holdren

Licensed Embalmer No. 3865

P. O. Address Hartville, 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. X