S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12534

Registration District No. 62 Primary Registration District No. 4-1-08 5237 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX (Specify whether
In this community 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town Rural Stockton
(If outside city or town limits, write "RURAL")
(d) Street No. XXXXXX
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME ARMANDA BELLE PALMER

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

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife XXXXX
6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased April (Month) 25 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	11	5	X hr. X min.

9. Birthplace Everton (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation Housewife
11. Industry or business XXXXX

FATHER
12. Name Robert Fulton
13. Birthplace XXXXXX (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name XXXXXXX
15. Birthplace XXXXXXX (City, town, or county) (State or foreign country) 9

16. (a) Informant Charles Elton Palmer
(b) Address Stockton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Vaughn Cem.-Dade Co.
18. (a) Signature of funeral director Church and Neale
(b) Address Stockton, Missouri
19. (a) 5-2-46 (Date received local registrar) (b) Geneva Garrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18 year 1946 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from 4 1, 1946, to 4-18, 1946 that I last saw her alive on 4-17, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic poisoning	3 wks.
Due to Chronic nephritis	4 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 [signature] (M. D. or other) D.O.
Address Stockton Mo. Date signed 4-19-46

54 (Licensed Embalmer's Statement on Reverse Side)

Public Officer No. 7

District File Number 4-46-400

Date Filed 5-9-46

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. ~~12534~~

Registration District No. 62 — Primary Registration District No. 4108 5239 — Register's No. 11

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXXX (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: XXXX (Specify whether years, months or days)
In this community: 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cedar 20
(c) City or town: Rural Stockton (If outside city or town limits, write "RURAL")
(d) Street No.: XXXXXX (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: XXXX

3. (a) PRINT FULL NAME: Amanda ~~AMANDA~~ BELLE PALMER
3. (b) If veteran, name war: XXXXX
3. (c) Social Security No. XXXX
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: XXXXX
6. (c) Age of husband or wife if alive: XXX years
7. Birth date of deceased: April (Month) 25 (Day) 1877 (Year)

8. AGE: Years 68 | Months 11 | Days 5 | If less than one day: X hr. X min.

9. Birthplace: Everton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: XXXXX
MOTHER'S FATHER
12. Name: Robert Fulton Franklin Vaughn
13. Birthplace: XXXXX Giles Co, Tenn (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: XXXXXX Harriet Sophronia
15. Birthplace: XXXXXX Greenfield, Mo. Holland (City, town, or county) (State or foreign country)
16. (a) Informant: Charles Elton Palmer
(b) Address: Stockton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-21-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Vaughn Cem. Dade Co.
18. (a) Signature of funeral director: Church and Neale
(b) Address: Stockton, Missouri
19. (a) 5-2-46 (Date received local registrar) (b) Florence Harmon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18 year 1946 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from 1 1946 to 4-18 1946 that I last saw him alive on 4-17 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremic Poisoning	3 wks.
Due to: Chronic Nephritis	4 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operation: —
Of autopsy: 13/K

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: 2
23. Signature: [illegible] (M.D. or other) D.O.
Address: Stockton, Mo. Date signed: 4-19-46

54 (Licensed Embalmer's Statement on Reverse Side)

amended by affidavit of granddaughter 3-25-92 item 12-13-14-15 DELETE PLANTATION, DELETE BLACK, DELETE MALE, ADD FEMALE, ADD 3 item 10/2/85 home