

S. No. 2
M-8-43
7-5-17-39
P-1 X37823

19476

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 12 1948

Registration District No. 138

Primary Registration District No. 4044

Registrar's No. 7

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

18352

1. PLACE OF DEATH:

(a) County Boone

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE

(c) City or town STURGEON
(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 Jane Olive Palmer

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1946 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr 4 1946 to June 2 1946
that I last saw him alive on June 2 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race BLACK 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased Oct. 11 - 1871
(Month) (Day) (Year)

Immediate cause of death Chronic Nephritis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years _____ Months 7 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation W.P.

11. Industry or business _____

MOTHER FATHER { 12. Name Lewis Harvey

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

14. Maiden name Ellen Braeken

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

Major findings: Of operations _____ Of autopsy 131

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant W.R. Palmer

(b) Address Sturgeon Mo.

17. (a) ~~W.R. Palmer~~ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation MT. PISGAH

18. (a) Signature of funeral director Barnes & Bowler

(b) Address Sturgeon

19. (a) June 7 (b) Thelma Esteppe (Registrar's signature)

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 D

23. Signature W.R. Palmer (M. D. or other)

Address Sturgeon Mo. Date signed 6-24-46

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-11-46

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..... *A. E. Boethe*.....

Licensed Embalmer No. 4087.....

P. O. Address Sturgeon 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.