

S. No. 2
OM-2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1946
Registration District No. 237

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 5807

State File No. 20989
Registrar's No. 30

9
0
0
19858
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

3. (a) PRINT FULL NAME William E. Palmer
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) Single, widowed, divorced, married
6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 14th 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Kas (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business _____
12. Name Daniel B. Palmer
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name Sarah B. Wells
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Palmer
(b) Address RFD Middle Grove Mo
17. (a) Burial (b) Date thereof June 10-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director Mohaw and Son
(b) Address Moberly Mo
19. (a) JUN 10 1946 (b) Elliot Baker MC
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe
(c) City or town (Rural) Union, Twshp
(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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8th
year 1946 hour 11 minute 30 am
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to Chronic
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 200

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? 3
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Russell M. Wilson (M. D. or other) Coroner
Address Monroe City Mo Date signed 6/7/46

RECEIVED

District Health Officer No. 10

District File Number 7-46-1342

DATE FILED JUL 11 1946

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 Frank D. DeWitt

Licensed Embalmer No. 3027

P. O. Address Moberly

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.