

Registration District No. 310

Primary Registration District No. 3058

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

1. PLACE OF DEATH:
(a) County ST. CHARLES
(b) City or town " "
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 days
years, months or days)

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

3. (a) PRINT FULL NAME EUNICE EDWIN PALMER
3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-07-5347

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 6
year 1946 hour 11 minute 20 AM

4. Sex MALE 5. Color or race W 6. (a) Single, widowed married
6. (b) Name of husband or wife GLADYS PALMER 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased MARCH 15 1906
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/26 1946 to 6/6 1946
that I last saw him alive on 6-6 and that death occurred on the date and hour stated above.
Duration 46 days

8. AGE: Years Months Days If less than one day
40 2 22 hr. min.

Immediate cause of death Acute myocardial infarction from 2d
occluded artery
Due to Coronary artery ?
Due to _____

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

Other conditions 2nd 4th
(Include pregnancy within 3 months of death)

10. Usual occupation BARTENDER
11. Industry or business _____
12. Name B. A. PALMER
13. Birthplace Lincoln Co. Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations 2nd 4th
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name EDNA WATSON
15. Birthplace LINCOLN Co. Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Gladys Palmer
(b) Address ELSBERRY, Mo.
17. (a) BURIAL (b) Date thereof 6-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ELSBERRY Mo
18. (a) Signature of funeral director W. D. BRADLEY
(b) Address Elsberry, Mo.
19. (a) April 19, 48 (b) 7 Annie Hamilton
(Date received local registrar) (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 NO
23. Signature Rosen (M. D. or other) MD
Address _____ Mo Date signed _____

Date Filed
APR 23 1948

District File Number

District Health Officer No. 9,

RECEIVED

APR 26 1948

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.

Embalmer who should sign this is now dead
Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.