

FILED AUG 19 1946
Registration District No. 149

Primary Registration District No. 1002

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

26138

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mos. 22 days
(Specify whether years, months or days)

In this community 23 yrs.

3. (a) PRINT FULL NAME GEORGE PALMER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MALE 2

5. Color or race NEGRO

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

6. (b) Name of husband or wife

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

7. Birth date of deceased SEPTEMBER 6, 1946

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>10</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business

12. Name J. C. PALMER

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

14. Maiden name CATHERINE

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

16. (a) Informant FANNIE SMITH (Friend)

(b) Address 1417 TROOST

17. (a) HP Nat. Soc. Date thereof 8-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1500 Gen. Troost

18. (a) Signature of funeral director Wm. D. [Signature]

(b) Address city malvern

19. (a) 8-10-46 (Date received local registrar)

(b) Geraldine Holme (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1417 TROOST F
(If rural, give location) d

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 25, year 1946 hour 7: minute 30 P. M.

21. I hereby certify that I attended the deceased from JANUARY 3, 1946 to JULY 25, 1946; that I last saw him alive on JULY 25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death HYPOSTATIC PNEUMONIA
Broncho

Due to CEREBRAL VASCULAR ACCIDENT

Due to HYPERTENSIVE HEART DISEASE

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93rd

Of autopsy _____

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)

(f) Means of injury 1

23. Signature [Signature] (M. D. or other) _____

Address GENERAL HOSPITAL NO. 2 Date signed 7/26/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

~~1-1-50-PT~~

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 J. Jerome Manlove
Licensed Embalmer No. 3994
P. O. Address 2503 Highland

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.