

FILED DEC 27 1946

Registration District No. 17

Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: Mo. State Penit. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 19 days
In this community 1 yr. 4 mo. 22 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Roger Palmer

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race C

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

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased July 4 1916
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>5</u>	<u>9</u>	<u> </u> hr. <u> </u> min.

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

10. Usual occupation Laborer

MOTHER FATHER

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Prison Hospital records

(b) Address Jefferson City, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-12-46
(Month) (Day) (Year)

(c) Place: burial or cremation Kirkville, Mo

18. (a) Signature of funeral director Gordon E. Hines

(b) Address Jefferson City, Mo.

19. (a) 12-12-46 (Date received from registrar)

(b) R. G. Davis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 207 E. Ash
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1946 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 25 1946
 , 19 , to Dec. 13, 19 46
that I last saw him alive on December 13, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension

Due to Chronic Myocarditis

Other conditions: (Include pregnancy within 3 months of death)

Major findings: 131 B

Of operations

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) (e) Means of injury

23. Signature W. U. McKeelley (M, D, or other)

Address Jefferson City, Mo. Date signed 12-13-46

Date Filed 12-30-46

District File Number _____

District Health Officer No. 9

RECEIVED

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 Wm. H. Jones Jr.

Licensed Embalmer No. 4311

P. O. Address Jefferson City

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.