

S. No. 2  
M-5-43  
5-17-39  
P I X36671

FILED JAN 7/1947

Registration District No. **20**

Primary Registration District No. **5462H**

Registrar's No. **28**

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Stafford RFD #1**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Stafford mo No 1**  
(If in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **x**  
In this community **34 yrs**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Greene 39**

(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Stafford mo #1**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **x**

3. (a) PRINT FULL NAME **MARY ANN PALMER**

3. (b) If veteran, name war **x**

3. (c) Social Security No. **x**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **20**  
year **1946** hour **3** minute **20** A.M.

21. I hereby certify that I attended the deceased from **12/9/46** to **12/19/46**  
that I last saw her alive on **12/19/46**  
and that death occurred on the date and hour stated above.

4. Sex **F**

5. Color or race **W**

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ **2**

6. (b) Name of husband or wife **George**

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

7. Birth date of deceased **April 20 1862**  
Month Day Year

Immediate cause of death **Bronchial Pneumonia** Duration **7 days**

Due to.....

Due to.....

Other conditions **Senility**  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
**84 7 29** hr. min.

Major findings:  
Of operations.....

Of autopsy **101**

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

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

10. Usual occupation **House wife**

11. Industry or business

12. Name **Barney Libson**

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

14. Maiden name **Ely Soil**

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

16. (a) Informant **Alford Palmer**

(b) Address **Stafford mo #1**

17. (a) **Burial** (b) Date thereof **12-22-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **mt Pisgah**

18. (a) Signature of funeral director **Rex Rainey**

(b) Address **Marysville mo**

19. (a) **Dec 26 1946** (b) **Dalyto Guier**  
(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.....

23. Signature **R. H. Foyt M.D.** (M. D. or other)  
Address **Stafford mo** Date signed **12/26/46**

39118 WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

**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 *Lux Rainey*

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.**