

FILED MAR 10 1947

State File No.

Registration District No. 46

Primary Registration District No. 4066

Registrar's No.

1. PLACE OF DEATH:

(a) County Caldwell
 (b) City or town Kingston
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Caldwell
 (c) City or town Kingston, MO
(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 February day 21
 year 1947 hour 1 minute 30 A.M.
 21. I hereby certify that I attended the deceased from 21 Feb 47
 _____, 19____, to _____, 19____
 that I last saw him _____ alive on Dead on arrival
 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia
 Due to Congenital Cardiac Anomaly
 Duration 2 1/31 months

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations Asphyxia
 Of autopsy Asphyxia
 PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Frank P. Daly MD (M. D. or other) _____
 Address Hunter, Mo. Date signed 2-25-47

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December - 2 - 1946
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|----------|-----------|----------------------|
| | | <u>2</u> | <u>19</u> | hr. _____ min. _____ |

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

10. Usual occupation _____

11. Industry or business _____

12. Name Opus Palmer
 13. Birthplace Lincoln County Washington
(City, town, or county) (State or foreign country)
 14. Maiden name Ella Wheeler Stubbsfield
 15. Birthplace Braymlee Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Opus Palmer

(b) Address Kingston, Missouri

17. (a) Burial (b) Date thereof 2-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingston Cemetery

18. (a) Signature of funeral director Arthur Palmer

(b) Address Kingston, Missouri

19. (a) Mar 5 - 47 (b) Bladys Jones
(Date received local registrar) (Registrar's signature)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Cameron Clark*

Licensed Embalmer No. *3257*

P. O. Address. *Kingston 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: