

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
12 FILED MAR 17 1947
43

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8088
State File No. _____
Registrar's No. 95

Registration District No. _____ Primary Registration District No. 3007

3-14-47 M 504
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
107 Center St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime _____ (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 107 Center St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eldon Wilfred Palmer Sr.
3. (b) If veteran, name war World War #1
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 4th
year 1947 hour 6 minute 5 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella Palmer alive _____ years
6. (c) Age of husband or wife if _____

Immediate cause of death _____
Traumatism of Head
Due to charge 410 gauge Shotgun in mouth
Due to _____

8. AGE: Years Months Days If less than one day
53 9 22 hr. _____ min.

Other conditions (Includes pregnancy within 3 months of death) _____
Major findings: Of operations 164C
Of autopsy _____

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Self inflicted
(b) Date of occurrence Mar. 4-1947
(c) Where did injury occur? Poplar Bluff Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

10. Usual occupation Salesman
11. Industry or business Henerling Supply Co.
12. Name John Palmer
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Angeline Hogg
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Stella Palmer
(b) Address 107 Center St. Poplar Bluff, Mo
17. (a) Burial (b) Date thereof 3-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery
18. (a) Signature of funeral director Frank Cottrell Chapel
(b) Address 12 Vine St. Poplar Bluff, Mo
19. (a) 3-8-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature]
Address Poplar Bluff Mo Date signed 3/5-47

JUN 1947
355 1047

RECEIVED

District Health Office No. 2

District File Number 347-345

Date Filed 3-12-47

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 Law Clark
Licensed Embalmer No. 4216
P. O. Address Keplar Bluff, 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.