

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 236

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Sedalia
(c) Name of Hospital or Institution: Bathurle Hospital
(d) Length of stay: In hospital or institution 2 days
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Rural
(d) Street No. 7 North Sepaine
(e) Citizen of foreign country? no
If yes, name country nation

3. (a) PRINT FULL NAME Alice Elizabeth Palmer
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 30th year 1947 hour 6 minute 0 M.
21. I hereby certify that I attended the deceased from June 30 to July 1 1947
that I last saw her alive on June 30 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife A. L. Palmer 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased August, 7 1867

Immediate cause of death Myocardial infarction
Due to Senile changes
Due to arterio-sclerosis
Other conditions Senile changes
(Include pregnancy within 3 months of death)

8. AGE: Years 79 Months 10 Days 23 If less than one day _____ hr. _____ min.
9. Birthplace Ramph Canada
10. Usual occupation housewife

Major findings: Of operations No operation
Of autopsy none held
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business none
12. Name George Bettendeg & Co
13. Birthplace England
14. Maiden name Mary Jones
15. Birthplace England

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? No injury
(d) Did injury occur in or about home, on farm, industrial place, in public place? No injury
While at work _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature C. B. Truett (M. D. or other) MD.
Address Sedalia, Mo Date signed 7/1/47

16. (a) Informant C. B. Truett
(b) Address Sedalia, Mo
17. (a) Remove (b) Date thereof 6-30-47
(c) Place: burial or cremation burial
18. (a) Signature of funeral director Betty Yeager
(b) Address Stanton, Mo
19. (a) 7/1/47 (b) Betty Yeager (c) Registrar
(Date received local registrar) (Signature) (Capacity)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-4-47

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed James E. Richards

Licensed Embalmer No. 2466

P. O. Address Lepton 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.