S. No. 2
—1/47
5-17-39

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

28693

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 20 1947

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 294 — Primary Registration District No. 3056 — Registrar's No. 185

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wabash Employes' Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Randolph~~ Boone 10
(c) City or town Columbia (If outside city or town limits, write "RURAL") 2
(d) Street No. 608 Webster St. (If rural, give location) 4
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME WILLIAM PALMER
3. (b) If veteran, name war WORLD WAR II
3. (c) Social Security No.
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 3-19-1917 (Month) (Day) (Year)

8. AGE: Years 30 Months 4 Days 25 If less than one day — hr. — min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation Rail Road Porter
11. Industry or business Wabash Rail Road
FATHER
12. Name Smith Palmer
13. Birthplace Sturgeon (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Ella Diggs
15. Birthplace Columbia (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Ella Rogers
(b) Address Columbia Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Mo
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Missouri
19. (a) Aug 15-47 (Date received local registrar) (b) Leale Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 14 year 1947 hour 1 minute 07 A.M.
21. I hereby certify that I attended the deceased from NOVEMBER 21, 1946 to AUGUST 14 1947 that I last saw him alive on AUGUST 13, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: UREMIA | 3 months |
| Due to: MALIGNANT HYPERTENSIVE CARDIOVASCULAR DISEASE | 2 years |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): PERITONITIS DUE TO MESENTERIC THROMBOSIS, OLD | 8 months |

Major findings:
Of operations 93
Of autopsy Enlarged Heart, Pulmonary Edema, Granular Kidneys, Plastic Peritonitis

PHYSICIAN
Underline the cause of 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 [signature] (M. D. or other) MD
Address Wab. Hosp. Moberly Date signed Aug 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 30 1947

SEP 25 1947

FEB 22 1949

SEP 12 1947

RECEIVED 8 1947
District Health Officer No. 10
District File Number 2-47-1066
Date Filed AUG 19 1947

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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Susan P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.**