

FILED JAN 14 1948

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3004

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Barton  
 (b) City or town Lamar  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
711 Broadway  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 75 years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
 (c) City or town Lamar  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 711 Broadway  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME IDA LILLIAN PALMER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife E. O. Palmer 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased December 16 1872  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>0</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Fast  
 13. Birthplace Quincy, Illinois  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Esther Sprague  
 15. Birthplace Dayton, Ohio  
 (City, town, or county) (State or foreign country)

16. (a) Informant E. O. Palmer

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Dec 24 1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iantha Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) Dec 24-1947 (b) Marie Konantz  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22  
 year 1947 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 1  
1947 to Dec 22, 1947  
 that I last saw her alive on Dec 21, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Death following a cerebral hemorrhage  
 Due to Hypertension  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (c) Means of injury 0

23. Signature J. Guldner (M. D. or other) \_\_\_\_\_  
 Address Lamar Date signed 12-23-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6<sub>r</sub>

District File Number 148-18

Date Filed FEB 12 1948

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.....

Frank W. Denton

Registered Apprentice No. 7

working under my personal supervision.

Signed

Carl J. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.