

No. 2
5-43
5-17-39
I X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40877

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 323

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Charles Elmer Lake

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

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Barbara Lake 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 2 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	8	24	hr. min.

9. Birthplace Monroe Co., Mo. G
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Jamer Lake 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address _____

17. (a) Burial (b) Date thereof 12-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra, Mo

18. (a) Signature of funeral director C. J. Shrage

(b) Address Palmyra, Mo

19. (a) 12-26-47 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature) 21

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Palmyra, R.R. 3 3
(If outside city or town limits, write "RURAL")

(d) Street No. Ruroe Route #3 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, Day 26
year 1947 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from December 19 1947, to December 26 1947; that I last saw him alive on December 26 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Carcinoma, metastatic, of cerebrum</u>	
Due to <u>Generalized carcinomatosis</u>	<u>3 mos</u>
Due to <u>Carcinoma, left lung</u>	<u>?</u>
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations <u>H. 7 D</u>	

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy Carcinoma of left lung with generalized metastases

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? J

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature James V. Ackerman (M. D. or other) MD
Address Cancer Hospital Columbia Mo Date signed 12/26/47

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

MOTHER FATHER

Erno R. E. Palmer
500 Worley 5194

Date Filed _____
District File Number _____

District Health Officer No. 9,

RECEIVED

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 E. J. Spagar

Licensed Embalmer No. 3245

P. O. Address Pelmyra Pa

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.