

FILED APR 6 1948

Registration District No. 524

Primary Registration District No. 3046

State File No. _____

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Monticau
(b) City or town California mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 12 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Monticau
(c) City or town California 68
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country Native 0

3. (a) PRINT FULL NAME MARY-ELLEN PALMER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James Palmer 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased 5 - 24 1865 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 10 6 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name unk Collins
13. Birthplace V.a. (City, town, or county) (State or foreign country)
14. Maiden name unk
15. Birthplace unk (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. O. Banion
(b) Address California mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-1948 (Month) (Day) (Year)
(c) Place: burial or cremation New Lebanon Tenn

18. (a) Signature of funeral director J. E. Richard
(b) Address upton Tenn

19. (a) 3-31-48 (Date received local registrar) (b) H.R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1948 hour 1 minute 15 P. M.
21. I hereby certify that I attended the deceased from May 3
1935 to March 30, 1948
that I last saw her alive on March 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 97 PHYSICIAN _____
Of autopsy _____ Underline the cause to 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?

While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature J. O. Banion (M.D. or other) no
Address California mo Date signed 3/31/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 5 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

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

Signed *James E. Richard*
Licensed Embalmer No. *2466*
P. O. Address *Tipton, 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.