S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11285

FILED MAR 31 1948

Registration District No. 38489

Primary Registration District No. 6217

Registrar's No.

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution R R #2 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon 108
(c) City or town Nevada 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. #2 Badger Twp. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mabel Jennie LaGuire Palmer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fm 1
5. Color or race W
6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ 1
6. (b) Name of husband or wife Dan H Palmer
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March (Month) 19 (Day) 1879 (Year)

8. AGE: Years 68 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Mission Co. (City, town, or county) Michigan (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Louis F. LaGuire
13. Birthplace (City, town, or county) New York (State or foreign country)
MOTHER
14. Maiden name Emma Winters
15. Birthplace (City, town, or county) Ohio (State or foreign country) 1
16. (a) Informant Dan H. Palmer
(b) Address Nevada, Mo. R#2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 29 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Blakely Cemetery
18. (a) Signature of funeral director Terry Funeral Home
(b) Address Nevada, Mo.
19. (a) Mar 27 1948 (Date received local registrar) (b) Mrs. Ruth Faith (Registrar's signature) 221

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26
year 1948 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from 10-29 1947 to 2-26 1948
that I last saw him alive on 1-10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of descending colon.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 0

23. Signature E Brooks Davis (M. D. ~~or other~~)
Address Nevada Date signed 2-29-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-48-323
Date Filed 3-30-48

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 Mike E. Fary

Licensed Embalmer No. 1432

P. O. Address Nevada 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.