

S. No. 2
M-8-43
5-17-39
I X37823

13867

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 19 1948

Registration District No. 282

Primary Registration District No. 5972

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community 28 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Flemington 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Alice Palmer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1948 hour 7 minute 15 A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Carloa Palmer 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: Jan. 18 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 1947 to March 27 1948
that I last saw her alive on March 27 1948
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>77</u> | <u>2</u> | <u>15</u> | hr. _____ min. _____ |

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

9. Birthplace Polk Co. no.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

Major findings: Of operations PT

Of autopsy _____

11. Industry or business _____

12. Name Thomas Butler

13. Birthplace Knowville Tenn!
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Flint

15. Birthplace Polk Co. no.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Carloa Palmer

(b) Address Flemington, Mo.

17. (a) Burial (b) Date thereof April 7, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rondo Cemetery

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? _____

18. (a) Signature of funeral director E. H. Pison

(b) Address Humansville, Mo.

19. (a) Apr. 9, 1948 (b) Ralph Sarden
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature G. H. Robinson (M.D. or other) MD
Address Humansville, Mo. Date signed 4/6/48

(Licensed Embalmer's Statement on Reverse Side)

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

34
0
0

RECEIVED
District Health Officer No. 7,
District File Number 3-48-408
Date Filed 16-48

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.....

William K. Northrop....., Registered Apprentice No. Not issued yet
working under my personal supervision.

Signed E. H. Pimm.....

Licensed Embalmer No. 4282.....

P. O. Address Humansville, 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.