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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1948

Registration District No. 47

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15611

Primary Registration District No. 3764

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Calloway

(b) City or town Rural — County Farm
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Callaway County Infirmary 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 yrs (Specify whether

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Calloway

(c) City or town Rural — 14
(If outside city or town limits, write "RURAL")

(d) Street No. R#6 Fulton 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country 0

3. (a) PRINT FULL NAME Henry Lewis Palmer

3. (b) If veteran, name war No

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 19 (Day) 1873 (Year)

8. AGE: Years 74 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Callaway Co. (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Farm Larbor

11. Industry or business

FATHER
12. Name David Palmer
13. Birthplace unknown (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Pamphelia L. Lanning
15. Birthplace unknown (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Mr. Roy Palmer

(b) Address New Bloomfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 20 (Day) 48 (Year)

(c) Place: burial or ~~cremation~~ Union Hill Cem

18. (a) Signature of funeral director Ray A. Holt

(b) Address New Bloomfield Mo

19. (a) May 20-1948 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 19 year 1948 hour 6 minute a M.

21. I hereby certify that I attended the deceased from Jan 10, 1948 to 5-19, 1948 that I last saw him alive on 5-11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to Arterio-Sclerosis with Hypertension

Due to Chronic Interstitial Nephritis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. O. Payne (M. D. or other) 0

Address R#6 Fulton Date signed 5/19/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 25 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~~ Body only Partial Embalmed Cavity work, Registered Apprentice No. working under my personal supervision.

Signed LeRoy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield

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.