

S. No. 304  
M-10-47  
7-5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19614  
Registrar's No. 2653

FILED JUL 3 1948  
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community 25 YEARS  
years, months or days)

3. (a) PRINT FULL NAME ROSETTA Clara Palmer

3. (b) If veteran, name war No  
3. (c) Social Security No. 497-14-9814

4. Sex FEMALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife MR. FLOYD A. PALMER  
6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: DECEMBER 2 1903  
(Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days 21  
If less than one day hr. min.

9. Birthplace: GARNETT KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name JOY EVEATT

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

14. Maiden name MARY CHRISTIANSON

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

16. (a) Informant Betty J. Palmer  
(b) Address 4021 Prospect

17. (a) BURIAL (b) Date thereof: JUNE 25 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director: D. H. Newcomers Jones  
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 6-25-48 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4021 Prospect  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1948 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from June 18 1948 to June 23 1948  
er June 23 1948  
that I last saw h<sub>er</sub> alive on June 23 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of left breast with metastases to both lungs - Terminal bronchopneumonia  
Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 50

Of autopsy See above

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) (c) Means of injury

23. Signature Wm W Hart (M. D. or other)  
Address Med. Dir. Gen'l Hosp. Date signed 6-23-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 Bernard L. Moran  
Licensed Embalmer No. 4250  
P. O. Address MC 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.**