

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28603**

FILED AUG 18 1948

Registration District No. **340**

Primary Registration District No. **3075**

Registrar's No. **53**

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

1. PLACE OF DEATH:

(a) County **Stoddard**
(b) City or town **Dexter**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **9**
(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 **Stoddard**
(c) City or town **Dexter**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Jane Palmer**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **D. F. Palmer** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct. 24 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 9 20 hr. min.

9. Birthplace **Van Buren - Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Hoskins**
13. Birthplace **Chattanooga Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Angle**
15. Birthplace **Chattanooga, Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carrie E. Landrum**
(b) Address **Dexter, Missouri**

17. (a) **Removal** (b) Date thereof **8-14-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tulsa, Oklahoma**
Strickland-Rainey

18. (a) Signature of funeral director _____ (b) Address **Dexter, Missouri**

19. (a) **8-14-48** (b) **Yolama V. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **13**
year **1948** hour **2** minute **35** A.M.

21. I hereby certify that I attended the deceased from **April 22 - 1948** to **Aug 13 1948**
that I last saw her alive on **Aug 11** and that death occurred on the date and hour stated above.

Immediate cause of death: **Regenerative myelodysplasia**
Edwin Lutz

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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 _____

23. Signature **S. S. Davis** (M. D. or other) _____
Address **101st St. Dexter, Mo.** Date signed **8/14/48**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District No. Number 848-1025

Date Filed 8-16-48

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3479

P. O. Address _____

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.