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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 29 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35713
Primary Registration District No. 1000
Registrar's No. 1254

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1303 No. 2nd street 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 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1303 No. 2nd street 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME Andrew Palmer
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 2
5. Color or race Negro
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed 2
6. (b) Name of ~~husband or~~ wife Gertrude Moore Palmer
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 10 (Day) 1884 (Year)

8. AGE:	Years	Months	Days	If less than one day
1	64	4	11	— hr. — min.

9. Birthplace Mexico (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Trucker
11. Industry or business Junk-used Furniture, Moving
FATHER
12. Name Samuel Palmer 0
13. Birthplace Sturgeon (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name (unknown)
15. Birthplace (unknown) (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. Louise Guthrie 1
(b) Address 1303 No. 2nd street
17. (a) Burial (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof 11-24-48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Mt Mora Cemetery
18. (a) Signature of funeral director Wm. H. Alexander
(b) Address St. Joseph, Mo.
19. (a) 11-24-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3 8 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21
year 1948 hour 1 minute 10 A. M.
21. I hereby certify that I attended the deceased from Nov 15 1948
Nov, 19, to Nov 21, 1948
that I last saw him alive on Nov. 20, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	About 6 Days
Due to Interstitial Nephritis	1 Year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
131 A

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 J. D. Sexton (M. D. XXXXX
Address 1923 Messanie St. St. Joseph, Mo. Date signed 11-23 1948

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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.....Wm. H. Alexander.....

Licensed Embalmer No.....4450.....

P. O. Address.....St. Joseph, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.