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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 20 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 39894

Registration District No. 132 — Primary Registration District No. 3021 — Registrar's No. 175

**1. PLACE OF DEATH:**

(a) County: Grundy

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

(c) Name of hospital or institution: 2201 OAK ST (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 3 yrs in Trenton years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Grundy 40

(c) City or town: Trenton (If outside city or town limits, write "RURAL") 1

(d) Street No.: 2201 OAK ST (If rural, give location) 2

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

If yes, name country: —

**3. (a) PRINT FULL NAME:** Annie Palmer

3. (b) If veteran, name war: —

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: William Palmer

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

7. Birth date of deceased: Dec (Month) 26 (Day) 1877 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 70 | 11 | 9 | — hr. — min. |

9. Birthplace: Mercer Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: Home

FATHER
12. Name: Samuel Batson
13. Birthplace: Mannington (City, town, or county) W Virginia (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Harton
15. Birthplace: Unknown (City, town, or county) West Virginia (State or foreign country)

16. (a) Informant: Olive Clark

(b) Address: Trenton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12 (Month) 6 (Day) 48 (Year)

(c) Place: burial or cremation: Maple Grove Trenton Mo.

18. (a) Signature of funeral director: Raymond A. Dunn

(b) Address: Trenton, Mo.

19. (a) 12-6-48 (Date received local registrar) (b) Irene Faer (Registrar's signature) 112

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 5 year 1948 hour 1:05 minute A M.

21. I hereby certify that I attended the deceased from Nov 27, 1948, to 4 Dec, 1948; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma of Liver | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy: HCP

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: D

23. Signature: Joseph M. Dunn (M. D. or other)

Address: Trenton Mo. Date signed: 12-6-48

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 [illegible] Registered Apprentice No. 271 working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.