

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42967**

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6092		Registrar's No. 85	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Kansas b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Grand Pass Twp.)		c. LENGTH OF STAY (In this place) Unknown		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ottawa			
d. FULL NAME OF HOSPITAL OR INSTITUTION Body Ground in Missouri River, just East of Grand Pass, Mo.				d. STREET ADDRESS (If rural, give location) 333 Ash Street			
3. NAME OF DECEASED (Type or Print) a. (First) Doyle Andrew b. (Middle) Andrew c. (Last) Palmer			4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1948				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 21, 1904	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months 10 Days 5	IF UNDER 1 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Electrical		11. BIRTHPLACE (State or foreign country) Steeleville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Gilbert Palmer			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Florance M. Palmer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Richard A. Murray, Ottawa, Kans.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Killed by Plane Crash in Mo. River Jicar North of N.C. Mo. - DUE TO (b) Body Dec. 26, 1948 DUE TO (c) Body recovered April 21, 1949 Jicar East of Grand Pass in Mo. River					INTERVAL BETWEEN ONSET AND DEATH 866 39
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Mo. River		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Grand Pass Saline Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 26, 1948 12^{PM}		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Plane crash in Mo. River 97			
22. I hereby certify that I attended the deceased from Investigate, 19 April 21, 1949 ; that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) P.L. Lawless Coroner Saline Co. Mo.			23b. ADDRESS Marshall Mo.		23c. DATE SIGNED 4-22-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-23-49		24c. NAME OF CEMETERY OR CREMATORY Steeleville cemetery		24d. LOCATION (City, town, or county) (State) Steeleville, Mo.	
DATE REC'D BY LOCAL REG. Apr 25-1949		REGISTRAR'S SIGNATURE Sidney T Gray 385		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CAMPBELL-LEWIS, MARSHALL-MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-11-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall M.

*cavity work was done then
body was packed in saw dust soaked
in cavity fluid.*

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.