

FILED MAR 16 1949

## STANDARD CERTIFICATE OF DEATH

2013

State File No.

7746

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

BIRTH NO. _____		REG. DIST. NO. <u>72</u>	PRIMARY REG. DIST. NO. <u>3013</u>	Registrar's No. <u>32</u>
1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Neb.</u> b. COUNTY <u>Dakota</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>North Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>South Sioux City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burlington Railroad Yards</u>		d. STREET ADDRESS (If rural, give location) <u>216 West 16th St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Doney</u> b. (Middle) <u>Ray</u> c. (Last) <u>Palmer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 6 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 2, 1924</u>	9. AGE (In years last birthday) <u>14</u> IF UNDER 1 YEAR Months <u>X</u> Days <u>X</u> Hours <u>X</u> Min. <u>X</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XXX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXX</u>	11. BIRTHPLACE (State or foreign country) <u>Sioux City Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Carl Palmer</u>		
13b. MOTHER'S MAIDEN NAME <u>Elma Tippery</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Becker's Funeral Service</u>	
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) <u>Accidental Death</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>End bar of steel coal</u> DUE TO (c) <u>Car fell on body, crushing head.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>641/10</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <u>IA</u> (COUNTY) <u>24</u> (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <u>D. D. Pittman, M.D.</u>		(Degree or title)	23b. ADDRESS <u>201 Com. No. Kansas City, Mo.</u>	23c. DATE SIGNED <u>3/17/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/8/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walthill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sioux City Iowa</u>	
DATE REC'D BY LOCAL REG. <u>Mar 8 - 49</u>	REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>	63	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton-Smith's</u>	
ADDRESS <u>North Kansas City M</u>				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

315-49-1111

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

*Theron O Smith*

Licensed Embalmer No. \_\_\_\_\_

3928

P. O. Address \_\_\_\_\_

*North Kansas City, 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.