

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33656
4476

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 4 1/2 mo	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	d. STREET ADDRESS (If rural, give location) 6405 Peery
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) W. c. (Last) Palmer			4. DATE OF DEATH (Month) (Day) (Year) 10 23 50		
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5. SEX M O	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	8. DATE OF BIRTH JAN-21-1871	9. AGE (In years last birthday) 79	10. MONTHS	11. YEAR	12. DAY	13. HOURS	14. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) LEXINGTON MO	12. CITIZENSHIP OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME ROSE M. ENTIRE	14. NAME OF HUSBAND OR WIFE MARY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name of unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MARY PALMER	ADDRESS R.C. MO
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 49 1/2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (COUNTY) (STATE)
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct. 11, 1950, to Oct. 23, 1950, that I last saw the deceased alive on Oct. 23, 1950, and that death occurred at 1:20 P. M., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title)	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 10-24-50
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	24b. DATE 10-25-50	24c. NAME OF CEMETERY OR CREMATORY MTOIVER	24d. LOCATION (City, town, or county) (State) R.C. MO
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DATE REC'D BY LOCAL REG. 10-24-50	REGISTRAR'S SIGNATURE Geraldine Holman	25. FUNERAL DIRECTOR'S SIGNATURE R.P. Shiel	ADDRESS R.C. MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

R. D. ...

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.....

working under my personal supervision.

Signed.....
Student Embalmer

Signed *John P. Sheel*
Student Embalmer No.....
Licensed Embalmer No. *8975*
P. O. Address *R.C. 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.