

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1501
Registrar's No. 47

0495

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

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		State File No. 1501		Registrar's No. 47					
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).								
a. COUNTY Jasper					a. STATE Missouri b. COUNTY Jasper								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin			c. LENGTH OF STAY (in this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin								
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital					d. STREET ADDRESS (If rural, give location) 204 McConnell								
3. NAME OF DECEASED (Type or Print)			a. (First) Francis		b. (Middle) Marian		c. (Last) Palmer		4. DATE OF DEATH (Month) (Day) (Year) Jan. 31 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 2 1880		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own home			11. BIRTHPLACE (State or foreign country) Columbus, Kansas			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME F. W. Amos				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE R. R. 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. R. Palmer 204 McConnell							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH	
					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis							1 Mo	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					ANTECEDENT CAUSES								
					Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							DUE TO (b)	
					DUE TO (c)								
					II. OTHER SIGNIFICANT CONDITIONS							4222	
					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 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) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			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 Jan 23, 1951, to Jan 30, 1951, that I last saw the deceased alive on Jan 30, 1951, and that death occurred at 12:06 AM, from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) R. R. Palmer M.D.						23b. ADDRESS Joplin Mo			23c. DATE SIGNED 2/1/51				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-2-51		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial			24d. LOCATION (City, town, or county) (State) Joplin Missouri						
DATE REC'D BY LOCAL REG. 2-5-51		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary Joplin Mo								

RECEIVED 2-7-51
Jasper County Health Office

County File Number 51-2-96

Date Filed 2-7-51

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 F. M. Jones

Licensed Embalmer No. 2519

P. O. Address Joplin, 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.