

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5188

State File No. _____

FILED MAR 8 1952

BIRTH NO. 44607 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 808

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | |
| c. LENGTH OF STAY (in this place) <u>7 mo</u> | | d. STREET ADDRESS (If rural, give location) <u>3413 Forest</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hosp</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Saul</u> b. (Middle) <u>D.</u> c. (Last) <u>Palmer</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-19-52</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child 11</u> | 8. DATE OF BIRTH <u>July 13-51</u> |
| 9. AGE (In years last birthday) <u>7 6</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>KC Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 13a. FATHER'S NAME <u>Saul D. Palmer</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret G. Hughes</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 ADDRESS <u>Saul D. Palmer 3413 Forest</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacterial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>inhal infection</u> DUE TO (c) 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 | |
| 19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 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>Geo. C. Kealhofer</u> (Degree or title) <u>Geo. C. Kealhofer, M.D. Deputy County</u> | | 23b. ADDRESS <u>1050 Broadway St. Crm</u> | 23c. DATE SIGNED <u>2-19-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>2/20/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lexington Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Lexington Mo</u> |
| DATE REC'D BY LOCAL REG. <u>2-20-52</u> | REGISTRAR'S SIGNATURE <u>Eveline Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. L. Leggett KC Mo</u> | |

Mr 2432

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 *Bea B. Rogetina*

Licensed Embalmer No. *4273*

P. O. Address, *K 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.