

REC'D JUN 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18534

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Joplin Primary Registration District No. 2007 Registered No. _____
(c) City Joplin (d) Street No. St John's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

CARL PALMER 456
(a) Residence, No. 1044 Penn St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lulu Palmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7, 1883

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day,hrs. ormin.
54 9 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer & Peddler
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Golden City Mo.13. NAME Walker Lynn Palmer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan County Mo.15. MAIDEN NAME Ida Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) Mrs W M Lanson
Tulsa, Okla.18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE May 14, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Lanpher Mortuary
Joplin Mo.20. FILED 5-16 1938 Ed W. Jones
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1938

22. I HEREBY CERTIFY That I attended deceased from Joplin 1937 to May 12 1938
I last saw him alive on July 9 1938 Death is said to have occurred on the date stated above, at 8:20 A.M.
The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency
Other contributory causes of importance: Brunner's disease or
Kranke Angitis Obliterans

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease of injury in any way related to occupation of deceased? _____
If so, specify Jaundice
(Signed) _____, M. D.

(Address) 802 Maple
Joplin Mo.

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, F M

Jones, or by

Registered Apprentice No....., working under my personal supervision.

Signed... F M Jones

Licensed Embalmer No. 2319

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, above space should be left blank.