N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 17 1939

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

6817
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper Registration District No. 408
(b) Township Primary Registration District No. 3020 Registered No. 20
(c) City Carthage (d) Street No. Stone Memorial 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 10 yrs. 10 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stanford Lowell Palmer
(a) Residence, No. Lawrence County, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 9, 1929
7. AGE: Years 9; Months 10; Days 22; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Minor
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): Joplin, Missouri

FATHER
13. NAME: Charles William Palmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wood County, Texas

MOTHER
15. MAIDEN NAME: Etta Muriel Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Joplin, Missouri

17. INFORMANT: [illegible]
(ADDRESS) Wentworth, Mo. Route 1.

18. BURIAL, CREMATION, OR REMOVAL: Schooling Cemetery DATE February 2, 1939

19. FUNERAL DIRECTOR (NAME): Glen C. Cale
(ADDRESS) Sarcoxie, Missouri

20. FILED Feb. 2, 1939 E. J. McIntire, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1939, to Jan 31, 1939
I last saw him alive on Jan 28, 1939. Death is said to have occurred on the date stated above, at 4:17A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
121	Jan 17 1939
Other contributory causes of importance: Ruptured appendix	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

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 or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Albert P. Wheeler, D.O. M.D.
(Address) Carthage, Mo.

Licensed Embalmer's Statement on Reverse Side)

1939-1-31
1929-3-9

9-10-22

RECEIVED
District Health Officer No. 6,
District File Number 6-39-578
Date Filed MAR 10 1939

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, Glen C. Cale, or by

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

Signed Glen C. Cale

Licensed Embalmer No. 3708

P. O. Address Sarcoxie, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.