V. S. No. 2
50M—11-10-39
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10198

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 275

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST- JOSEPH.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3121 BURNSIDE -
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 26 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BUCHANAN
(c) City or town ST- JOSEPH.
(If outside city or town limits write "RURAL")
(d) Street No. 3121 BURNSIDE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME MABEL-CLARK-PALMER.
3. (b) If veteran, name war —
3. (c) Social Security No. No
4. Sex Fem
5. Color or race Wpt
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Husband Ross E. Palmer
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June (Month) 7 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
53	8	29	hr. min.

9. Birthplace Brookfield (City, town, or county) Mo (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Wm J Clark
13. Birthplace Unk (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name Emma Bates
15. Birthplace Unk (City, town, or county) Nebr (State or foreign country)
16. (a) Informant Ross E Palmer
(b) Address 3121 Burnside
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Auburn
18. (a) Signature of funeral director Roy Stamey
(b) Address St Joseph Mo
19. (a) 3/9/40 (Date received local registrar) (b) H J Nestlebush (Registrar's signature) 45

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 6 year 1940 hour 11 minute 04 A. M.
21. I hereby certify that I attended the deceased from Dec 19 39 to Mch 6 1940 that I last saw her alive on Mch 6 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Empalm ~~Coronary~~ Pulmonary	24 hrs
Due to Concerns of Uterus	18 mo
Due to	
Other conditions (Include pregnancy within 3 months of death) 48	

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature J M Allamans (M. D. or other) 1
Address Central Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

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~~ John H. Hurley, Registered Apprentice No. ....., working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4050

P. O. Address 2328 St Joseph Ave

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.