

No. 2
4-13-40
5-17-39
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OCT 12 1940

State File No. _____
Registrar's No. 297

Registration District No. 89

Primary Registration District No. 30-07-5/34A

12
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Brosley
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Paylor Brosley Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
near Brosley Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27th
year 1940 hour 03 minute PM M.
21. I hereby certify that I attended the deceased from Sept 14
_____, 1940 to Sept 27, 1940
that I last saw him alive on 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia (Bronchial)
Due to none
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME John Henry Palmer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 11, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 16 If less than one day
_____ hr. _____ min.

9. Birthplace Brosley Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name George Palmer

13. Birthplace Creek Nation Okla.
(City, town, or county) (State or foreign country)

14. Maiden name Letha Mayberry

15. Birthplace Butler County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George Palmer

(b) Address Brosley Mo.

17. (a) Burial (b) Date thereof Sept. 27, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mole Hill Butler Co Mo.

18. (a) Signature of funeral director Frank Mortuary

(b) Address Poplar Bluff Mo

19. (a) 9-30-40 (b) Blitzinger
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. W. Roberts (M. D. or other) _____
Address _____ Date signed _____

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

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.