

No. 2
4-13-40
5-17-39
P1 X23159

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3036

Registration District No. 408

Primary Registration District No. 5562

Registrar's No. 18

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - MARION TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route # 2, Carthage, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 48 Years.
years, months or days)

3. (a) PRINT FULL NAME Sarah Katherine Palmer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James R. Palmer

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

7. Birth date of deceased October 17, 1874
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>66</u> | <u>3</u> | <u>4</u> | hr. _____ min. _____ |

9. Birthplace Harden County, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name W. Franklin Byran

13. Birthplace X Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Clarissa Spink

15. Birthplace X Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant G. G. Bryan

(b) Address Route # 1, Carthage, Mo.

17. (a) Burial (b) Date thereof 1-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Jan. 24, 1941 (b) E. J. M. Intire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 2, Carthage, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21,
year 1941 hour 10:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 28, 1939 to Jan 21, 1941; that I last saw her alive on Jan 21, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis chronic / Degenerative

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations no

Of autopsy no

Duration _____

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 none

(c) Where did injury occur? none
(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? _____ (b) Means of injury _____

23. Signature George H. Wood (M. D. or other) Dr. D.

Address Carthage Mo Date signed 1-24-41

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 Ed [Signature]

Licensed Embalmer No. 4222

P. O. Address Cartersville

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.