o. 2
-13-40
17-39
X23157

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6256

Registration District No. 73 Primary Registration District No. 5112 Registrar's No. 51

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Rural - Columbia Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Columbia - R.R. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(b) State Missouri (a) County Boone No
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME STELLA JEFFRIES 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 Married

6. (b) Name of husband or wife R. E. Palmer 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 9 (Day) 1872 (Year)

8. AGE: Years 68 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name W H Jeffries
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name Mary Jeffries
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant R. E. Palmer
(b) Address Columbia, Mo. Route 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Clarkson
(b) Address Columbia, Mo

19. (a) 2/25/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24
year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 1940, to Feb. 24, 1941;
that I last saw her alive on Feb 23, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done.

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
(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 Robert H. Simpson M.D. (M. D. or other) O
Address Columbia, Mo. 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~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed .....

Licensed Embalmer No. 413 .....

P. O. Address Columbia, ...

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

If this body is not embalmed, fact should be so stated above.