

S. No. 2
4-13-40
7-5-17-39
X28139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FRI MAR 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6487

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 49

1. PLACE OF DEATH:

(a) County CALLOWAY

(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: STATE HOSPITAL No. #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 yrs 11 mon 21 days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME CARRIE PALMER

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race Colored

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

8. AGE: Years 4-39 Months DK Days - If less than one day hr. _____ min. _____

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

10. Usual occupation NONE

11. Industry or business _____

MOTHER FATHER {

12. Name DK

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

14. Maiden name DK

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

16. (a) Informant Hospital Records

(b) Address _____

17. (a) Removal
(Burial, cremation or removal) (b) Date thereof Feb-18-1941
(Month) (Day) (Year)

(c) Place: burial or cremation Huntsville Mo

18. (a) Signature of funeral director J. B. Patton & son

(b) Address Huntsville Mo

19. (a) Feb 16, 1941
(Date received local registrar) (b) R. N. Crave
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County RANDOLPH 14

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 16 year 1941 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from JAN 15, 1941, to FEB 16, 1941; that I last saw her alive on FEB 16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death LOBAR PNEUMONIA

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 106

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Ray Frankes (M. D. or other) MD

Address Huntsville Mo Date signed 2/16/41

Duration 6 hrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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1
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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.....

Do not embalm but will be by J.B. Patton #120477 no

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.