

No. 2  
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17-39  
X23159

DEPARTMENT OF COMMERCE **FILED JUN 16 1941** MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

State File No. **18330**

Registration District No. **508.** Primary Registration District No. **3026.** Registrar's No. **84**

1. PLACE OF DEATH:  
(a) County **Linn**  
(b) City or town **Chillicothe**  
(c) Name of hospital or institution: **Chillicothe Hospital**  
(If not in hospital or institution, write street number or location) **8 da.**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Caldwell**  
**Rural**  
(c) City or town **Breckenridge, Mo**  
(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.? **1** years.

3. (a) PRINT FULL NAME **ELMER PALMER**  
(b) If veteran, name war **no** (c) Social Security No. **no**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **10** year **1941** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **April 4**, 19**41**, to **April 10**, 19**41**;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex **male** (s) 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **m. o**  
6. (b) Name of husband or wife **Gertrude Palmer** 6. (c) Age of husband or wife if alive **35** years  
7. Birth date of deceased - **march** **23** **1885**  
(Month) (Day) (Year)

Immediate cause of death **Pneumonia** Duration \_\_\_\_\_  
**Perforated sigmoid diverticulitis**

8. AGE: Years **5.6** Months **18** Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace **Caldwell Co. Mo.**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 8 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation **farmer**  
11. Industry or business \_\_\_\_\_  
12. Name **Wm. Palmer**  
13. Birthplace **Dont know**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Jane Givens**  
15. Birthplace **Davis Co Mo**  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_  
**943** (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

16. (a) Informant **Walter Adams**  
(b) Address **Breckenridge Mo.**  
17. (a) **Burial** (b) Date thereof **Apr 12 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Luckford Cemetery**  
18. (a) Signature of funeral director **T. M. Felt**  
(b) Address **Breckenridge Mo.**  
19. (a) **MAY 13-41** (b) **H. H. Hirsch**  
(Date received local registrar) (Registrar's signature)

23. Signature **Janet M. Howell** (M. D. certifying) \_\_\_\_\_  
Address **Chillicothe** Date signed **4-10-41**

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

**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.....

*T. F. McBeek*

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

working under my personal supervision.

Signed.....

*T. F. McBeek*

Licensed Embalmer No.....

*1570*

P. O. Address.....

*Breckinridge*

**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.**