

No. 2
-1-4-41
-1-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20673**

Registration District No. **377**

Primary Registration District No. **1002**

Registrar's No. **2203**

FILED JUL 7 1941

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kan City Mo**
(c) Name of hospital or institution:
622 Benton Blvd /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **30 years**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Grace Palmer**

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

4. Sex **f** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **Bus.** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **May 10th 1887**
(Month) (Day) (Year)

8. AGE: **54** Years **27** Months **27** Days If less than one day hr. min.

9. Birthplace **ell. Reared in orphan Home**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Same**

12. Name **unknown**

13. Birthplace **Reared in orphan Home**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

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

16. (a) Informant **Mrs Ora McKel**

(b) Address **714 N 8th RC K**

17. (a) (b) Date thereof **6/9/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **mtg Washington Cem**

18. (a) Signature of funeral director **snow Mayberry**

(b) Address **9315 Linwood**

19. (a) **8/19/41** (b) **M. M. Crown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kan City Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **622 Benton Blvd.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6**
year **1941** hour **6** minute **30 AM.**

21. I hereby certify that I attended the deceased from **March 19 1941** to **June 6 1941**
that I last saw h. alive on **June 5 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Due to **Stroke**
Due to **Stroke**
Other conditions (Include pregnancy within 3 months of death) **Stroke**

Duration **May 20 1941**

Major findings: Of operations **NO**

Of autopsy **NO**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **NO**

(a) Accident, suicide, or homicide (specify) **NO**

(b) Date of occurrence **NO**

(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 **NO** (Specify type of place) (e) Means of injury **NO**

23. Signature **W. M. Paul** (M. D. or other) **NO**
Address **Waldwin Bldg** Date signed **6/7/41**

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.....

Ray E. Snow

Licensed Embalmer No. *25160*

P. O. Address *1807 E 29th*

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.