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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21100**

Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **155**

1. PLACE OF DEATH:

(c) County **Bronze**  
(b) City or town **Columbia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **✓**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **✓** (Specify whether **Life**)  
In this community **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bronze** **10**  
(c) City or town **Columbia** **7**  
(If outside city or town limits, write "RURAL") **4**  
(d) Street No. **208 So. 2nd** (If rural, give location) **0**  
(e) Citizen of foreign country? **✓** (Yes or No)  
If yes, name country **✓**

3. (a) PRINT FULL NAME

**Addine Palmer**

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

4. Sex **m.** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **✓** 6. (c) Age of husband or wife if alive **✓** years  
7. Birth date of deceased **3 - 15 - 1941** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**2 24** hr. min.

9. Birthplace **Columbia Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **✓**

11. Industry or business **✓**

MOTHER FATHER  
12. Name **Truett Palmer**  
13. Birthplace **Missouri** (City, town, or county) (State or foreign country)  
14. Maiden name **Aldora Pauley**  
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Nancy Pauley**  
(b) Address **Columbia Mo**  
17. (a) **Burial** (b) Date thereof **6-10-41** (Month) (Day) (Year)  
(c) Place: burial or cremation **Rocky Fork**

18. (a) Signature of funeral director **Rocky Fork**  
(b) Address **Columbia Mo**  
19. (a) **6/10/41** (Date received local registrar) (b) **Allie Delby** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9th** year **1941** hour **9 P** minute **90** M.  
21. I hereby certify that I attended the deceased from **one May - 1 - 41** to **6 - 9 - 41** 19 **41**  
that I last saw **her** alive on **May - 1 - 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Starvation** Duration  
**Never was well.**  
Due to **Do not know** **1 1/2**  
Due to **15**

Other conditions **Do not know** (Include pregnancy within 3 months of death)

Major findings: Of operations **None** Of autopsy **None** 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) **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? **No**  
While at work? (Specify type of place) (e) Means of injury **No**  
23. Signature **Allie Delby** (M. D. or other) **MD**  
Address **Columbia Mo** Date signed **6-10-41**

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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.....  
....., 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.**