

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21222**

FILED JUL 17 1941
80

Registration District No. _____

Primary Registration District No. **5-119**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph R.R. #6 (Center)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
119 Wilmer J. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 29 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 119 Wilmer J. street R.R. #6
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES ALBERT PALMER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Cynthia Palmer

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Nov. 16th. 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>6</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Retired clerk

11. Industry or business Nave-McCord

MOTHER FATHER

12. Name Christopher Palmer

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

14. Maiden name Elizabeth (unknown)

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

16. (a) Informant Mrs. C.A. Palmer

(b) Address 119 Wilmer J. Street, St. Joseph

17. (a) Removal (b) Date thereof June 17th.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winston, Mo.

18. (a) Signature of funeral director. FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) June 18, 1941 (b) Mrs. Lucy Dorrell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th.
year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1st.
1941 to June 13th. 1941

that I last saw him alive on June 13th. 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration ?

Due to Hardening of Arteries

Due to _____

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature D. E. McCord (Specify type of place) _____
While at work _____ (e) Means of injury _____

Address DeKalb, Mo. Date signed 6-17-41

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.....

Carl W. Harris

Licensed Embalmer No.

3956

P. O. Address.....

St Joseph, Mo

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.