S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30557

FILED OCT 13 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3314

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

48
3
8

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3301 Windsor Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 41 Years /
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

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

(d) Street No. 3301 Windsor Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Miss Lutie Marie Palmer

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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 October (Month) 26 (Day) 1890 (Year)

8. AGE: Years 50 | Months 10 | Days 7 | If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name L. H. Palmer
13. Birthplace Youngstown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Adaline Whitmore
15. Birthplace Medina (City, town, or county) Ohio (State or foreign country)

16. (a) Informant L. H. Palmer
(b) Address 3301 Windsor

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 9/5/41 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Pantheon

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City Mo.

19. (a) 9/4/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd year 1941 hour 9 minute 05 A. M.

21. I hereby certify that I attended the deceased from Nov. 10, 1939, to Sept 3, 1941 that I last saw her alive on Sept 3, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Carcinoma of Right Ovary	2½ years
Due to	
Due to 4 Ta	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — 4 Ta	
Of autopsy None made	

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

23. Signature C. W. Rose (M. D. or other) M.D.
Address 103 N. Elmwood Date signed 9-3-41

(Licensed Embalmer's Statement on Reverse Side)

1037 N. Elmwood

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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address Kansas City 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.