

Registration District No. 1002 399

Primary Registration District No. 1002

Registrar's No. 3774

1. PLACE OF DEATH

(a) County: Jackson
(b) City or town: Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: One day
In this community: 14 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson
(c) City or town: Leo's Summit MO
(If outside city or town limits, write "RURAL")
(d) Street No.: Residence
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Vira L. Palmer

3. (b) If veteran, name war: - 3. (c) Social Security No.: None

4. Sex: Female 5. Color of face: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Olive A. Palmer 6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: May 26 1896
(Month) (Day) (Year)

8. AGE: Years: 55 Months: 6 Days: 24 hr. min.

9. Birthplace: Leo's Summit MO
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

MOTHER FATHER { 12. Name: John M. Flanery

13. Birthplace: Jackson Co MO
(City, town, or county) (State or foreign country)

14. Maiden name: Martha E. McQuerry

15. Birthplace: Terra Haute Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant: O. A. Palmer

(b) Address: Leo's Summit MO

17. (a) Burial (b) Date thereof: 12-23-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Leo's Summit Cemetery

18. (a) Signature of funeral director: Fields Funeral Home

(b) Address: Leo's Summit MO

19. (a) Dec 22 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 20
year: 1941 hour: 3 minute: P. L.M.

21. I hereby certify that I attended the deceased from Dec. 13
1941 to Dec. 20, 1941;
that I last saw her alive on Dec. 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Dilatation of heart
Influenza Pneumonia
Due to: _____

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration: 1 hour
1 week
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? _____ (Specify means of injury)

23. Signature: Cliff A. Miller (M. D.)
Address: Leo's Summit MO Date signed: 12/22/41

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed P. E. Fields

Licensed Embalmer No. 2957

P. O. Address Leo Summit 7

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.