

JAN 23 1942
Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 232

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
328 Lindenwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 328 Lindenwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1941 hour 12 minute 30.0 M.

21. I hereby certify that I attended the deceased from June 18, 1941, to Dec. 19, 1941;
that I last saw her alive on Dec. 19, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Coronary heart disease

Due to Malignant hypertension

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings:
Of operations 9/40

Of autopsy _____

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 Old Jamer (M. D. or other) MD
Address 100 Washington Date signed 12-29-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Ida May Palmer

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lynnan S. Palmer 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased November 4 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Randolph

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

14. Maiden name Charley Fields

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

16. (a) Informant Lynnan S. Palmer
(b) Address 328 Lindenwood, St. Charles, Mo

17. (a) Burial (b) Date thereof Dec 29-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles, Mo
18. (a) Signature of funeral director H.C. Dalleney & Sons
(b) Address 902 N. Second, St. Charles, Mo
19. (a) Dec 30, 1941 (b) Clarence J. Wilbur
(Date received local registrar) (Registrar's signature)

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 *John E. Dallmeyer*

Licensed Embalmer No. *2951*

P. O. Address *St Charles 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.