

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 3443 Bales
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41 years
(Specify whether 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") 3442 Bales
(d) Street No. 3442 Bales
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Mrs. Louisa Penina Palmer

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

4. Sex Fe 1
5. Color or race Wh
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Levi J. Palmer
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased May 16 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 8
If less than one day hr. min.

9. Birthplace Taswell Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Nathaniel Davis
13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)
14. Maiden name Mary Sharp
15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Jane Palmer
(b) Address 3443 Bales

17. (a) Burial (b) Date thereof 3-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director J.M. Magan
(b) Address Kansas City, Mo.

19. (a) 3-25-42 (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. 24th
year 1942 hour 4: minute 03 A.M.

21. I hereby certify that I attended the deceased from March 15, 1942 to March 23, 1942
that I last saw her alive on March 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myo Carditis
Duration 2 weeks

Due to
Due to

Other conditions Chronic Endocarditis 3 years
(Include pregnancy within 3 months of death)

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?
(Specify type of place)
While at work? (2) Means of injury
23. Signature M. H. Crowe or M. H. Crowe
Address 303 Altman Bldg. Date signed 3/25/42

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

MOTHER FATHER

Getman 129
H A - 6915
103211

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Missouri

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.