

FILED MAY 14 1942

Registration District No. 408

Primary Registration District No. 5568

Registrar's No. 78

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

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Sheridan  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Rt. 1 Carthage  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Sheridan  
(If outside city or town limits, write "RURAL")  
(d) Street No. Carthage Rt. 1  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME MARY ELLEN 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 Widowed  
6. (b) Name of husband or wife Roy Palmer 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 2, 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 1 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name James Spain

13. Birthplace Ill.

14. Maiden name Kathleen L. Harp

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

16. (a) Informant James L. Palmer

(b) Address Carthage, Rt. 1

17. (a) Burial (b) Date thereof 4-12-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hackney Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 12 08 S. Garrison Ave.

19. (a) April 11, 1942 (b) Elizabeth Couplin  
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 8  
year 1942 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from..... 19.....  
that I last saw did not see her alive alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Angina pectoris

Due to hypertension

Due to heart failure

Other conditions.....  
(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?

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

23. Signature W. H. Anderson (M. D. or other) Coroner

Address Carthage, Mo. Date signed Apr 9 1942

42.4.366:

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**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 S. Pennek*

Licensed Embalmer No. *4194*

P. O. Address *Carthage, 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.**