

FILED NOV 9 1942

Registration District No. **145**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1509 Westport Road 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community **4 Years, 10 Mo. 10 Days.**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Kansas** (b) County **Wyandotte**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4149 Francis**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country **2**

3. (a) PRINT FULL NAME **Martha Jane Palmer**
 3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **female** / race **white** 5. Color or **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 **Dec. 14, 1937**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	4	10	10hr.min.

9. Birthplace **Kansas City, Mo.** (City, town, or county) **0** (State or foreign country)

10. Usual occupation **Child**

11. Industry or business.....

12. Name **Loren T. Palmer**

13. Birthplace **St. Louis, Mo.** (City, town, or county) **0** (State or foreign country)

14. Maiden name **Martha L. Turner**

15. Birthplace **Carrollton, Mo.** (City, town, or county) **0** (State or foreign country)

16. (a) Informant **Mrs. Martha T. Palmer**

(b) Address **4149 Francis**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10/26/42**
(Month) (Day) (Year)

(c) Place: burial or cremation **Carrollton, Mo.**

18. (a) Signature of funeral director **State Funeral Home**

(b) Address **1901 Olathe Blvd. K.C. Kans.**

19. (a) **10/21/42** (Date received local registrar) (b) **M. M. Crown** (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **10** day **24** year **1942** hour **10:00** minute **0** M.

21. I hereby certify that I attended the deceased from **Carover**, 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death **Crushing injury of the head**
 Due to **automobile trauma**

Due to.....
 Other conditions **170**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
 Of autopsy **Inspection & history**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **accident X 123**
 (b) Date of occurrence **10/24/42**

(c) Where did injury occur? **J.C. M. Jackson Co.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public place - 1571 W. 43 rd. over**
(Specify type of place)
 While at work..... (e) Means of injury **truck**

23. Signature **M. M. Crown** (M. D. or other) **0**
 Address **K.C. Mo.** Date signed **10/24/42**

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.....

W. M. Ward

Licensed Embalmer No. 3991

P. O. Address 309 E. 67 St
St. Paul, 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.