V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

32904

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed NOV 9 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3853

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: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days (Specify whether years, months or days) In this community 23 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 3407 Tracy Avenue (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country -------

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3. (a) PRINT FULL NAME Sharon Lee 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 Single

6. (b) Name of husband or wife -------

6. (c) Age of husband or wife if alive ------- years

7. Birth date of deceased September (Month) 24 (Day) 1942 (Year)

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

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

10. Usual occupation Infant

11. Industry or business ------- [illegible]

MOTHER FATHER

12. Name Francis Leonard Palmer

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

MOTHER

14. Maiden name Estella Belle Yockey

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

16. (a) Informant Francis L. Palmer

(b) Address 3407 Tracy - K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-19-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th year 1942 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from Oct 10, 1942, to Oct 17, 1942, that I last saw her alive on Oct 16, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	2 days
Due to: Jaundice of newborn	6 days
Due to: [illegible]	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: as above	

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? (e) Means of injury

23. Signature John T. Slaunier (M. D. or other) M.D.

Address 140 Brookside Blvd. KCMO Date signed 10-19-42

(Licensed Embalmer's Statement on Reverse Side)

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 J. Virgil Herrick

Licensed Embalmer No. 3599

P. O. Address K.C. Mo. 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.