No. 2
—5-42
17-39

FILED APR 9 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 11030

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 17

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Monroe Franklin Palmer

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced 7
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3-5-1869 (Month) (Day) (Year)

8. AGE: Years 74 Months Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER
12. Name Harve Palmer
13. Birthplace Dyer Co. Tenn (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margret Butler
15. Birthplace Carrol Co Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Franks
(b) Address Caruthersville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Cemetery
18. (a) Signature of funeral director H. S. Smith
(b) Address Caruthersville Mo
19. (a) 3-17-1943 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch 15th year 1943 hour 1 am minute M.
21. I hereby certify that I attended the deceased from Mch 11th, 1943 to Mch 15th, 1943
that I last saw him alive on March 11th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings:
Of operations
Of autopsy

Duration

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? J B Lee Mo
(Specify type of place)
While at work (e) Means of injury

23. Signature Caruthersville (M. D. or other)
Address Mo Date signed 3-16-43

1206

(Licensed Embalmer's Statement on Reverse Side)

3-43-170

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

No 2B
1-41
A29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

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**1. PLACE OF DEATH:**

(a) County: Pemiscot

(b) City or town: Caradhersville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State (b) County

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Monroe Franklin Palmer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: (Widowed)

6. (b) Name of husband or wife

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

7. Birth date of deceased: March 5 (Month) (Day) 1869 (Year)

8. AGE: Years 74 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 3-17-1943 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 15 year 1943 hour minute M.

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

| Immediate cause of death | Duration |
|---|---|
| | |
| Due to | |
| Due to | |
| 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-11030