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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

AUG 6 1943 149
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3142

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:
3416 Locust
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 22 years (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3416 Locust
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James H. Palmer
3. (b) If veteran, name war Spanish Amer.
3. (c) Social Security No. 495-05-1593

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 16
year 1943 hour 1 minute P M.
21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him _____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie May Palmer
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Nov 25 1888
(Month) (Day) (Year)

Immediate cause of death:
Acute and Chronic Myocardial Infarction
Due to _____
Due to 940
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 54 Months 7 Days 21
If less than one day _____ hr. _____ min.

PHYSICIAN
Major findings:
Of operations _____
Of autopsy See Above
Underline the cause to which death should be charged statistically.

9. Birthplace Ticonderoga, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Guard

11. Industry or business U.S. Engineer

12. Name James Palmer

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

14. Maiden name Mary Beattie

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

16. (a) Informant Mrs. Minnie Palmer

(b) Address 3416 Locust

17. (a) Burial (b) Date thereof 7-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos. E. Quirk

(b) Address 4316 Troost Ave

19. (a) 7-17-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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 P. E. Brown (M. D. or other) _____
Address 23rd St Date signed 7/17/43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

AUG 9 1943

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 Thomas J. Zerk

Licensed Embalmer No. 3775

P. O. Address R. C. Moore

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.