

**FILED DEC 22 1944**  
Registration District No. **1947**

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:  
**3301 Windsor Avenue**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **40 years**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson** **47**  
 (c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3301 Windsor Avenue**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Lucius Henry Palmer**  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**  
 6. (b) Name of husband or wife **Addie Palmer** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **April 4th 1850**  
(Month) (Day) (Year)

8. AGE: Years **94** Months **7** Days **29**  
If less than one day hr. min.

9. Birthplace **Youngstown Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Railroad Engineer**

12. Name **Henry Palmer**

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

14. Maiden name **Julia Haines**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Miss Nellie Palmer**  
 (b) Address **3301 Windsor Avenue**

17. (a) **Burial** (b) Date thereof **12-6-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Pantheon**

18. (a) Signature of funeral director **Freeman Mortuary**  
 (b) Address **Kansas City, Mo.**

19. (a) **DEC 5 1944** (b) **J. E. Brown**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **December** day **3rd**  
 year **1944** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Jan 26**  
 \_\_\_\_\_, 1944 to **Dec 3**, 1944  
 and that I last saw him alive on **Nov 19**, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**  
**Chronic Hypertension**  
 Duration **1 year**  
**1 year**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **131b**  
 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) (e) Means of injury \_\_\_\_\_

23. Signature **C. W. [Signature]** (M. D. or other) **[Signature]**  
 Address **1039 [Address]** Date signed **Dec 5 1944**

**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 Elmer C. Medelir

Licensed Embalmer No. 3495-

P. O. Address W. C. 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.**