

S. No. 2
DM-2-43
v. 5-17-39
I X3597

8364

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 18 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 40

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(c) Name of hospital or institution: Community Nursing Home 4
(d) Length of stay: In hospital or institution Hospital
In this community 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Purdin
(d) Street No. None
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ida W. Palmer
(b) If veteran, name war _____ (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN day 28
year 1946 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from JAN. 14, 1946 to JAN. 28, 1946
that I last saw her alive on JAN. 28, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. Frank Palmer 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased November 30 1864

Immediate cause of death Myocardial Failure
Due to Hypertensive Heart Disease
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>1</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Appanoose Co., Iowa

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER
12. Name Newman Shinn
13. Birthplace Unknown
14. Maiden name Christina Spradin
15. Birthplace Unknown

16. (a) Informant Emmett J. Palmer
(b) Address Purdin, Missouri

17. (a) Removal (b) Date thereof 1/28/46

(c) Place: burial or cremation Purdin, Missouri

18. (a) Signature of funeral director Sharon Kullback
(b) Address Linn, Mo.

19. (a) 2-5746 (b) Kate Lambert

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? _____
(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 1
23. Signature Geo. P. Harrison (M.D. or other) P.O.
Address Kirksville, Mo. Date signed _____

1-28-46

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

1
2
3

6221

RECEIVED

District Health Officer No. 10

District File Number 3-46-498

Date Filed MAR 15 1946

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.....

D. R. Riley

Licensed Embalmer No.....

4281

P. O. Address.....

Westerville 40

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.