

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED SEP 25 1946** STANDARD CERTIFICATE OF DEATH

State File No. **30398**  
Registrar's No. **3901**

Registration District No. 149 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: Osteopathic Hospital 11th & Harrison  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Days  
In this community 62 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson **48**  
(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL") **8**  
(d) Street No. 3312 Summit Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT NAME MRS. BERTHA THURSTON PALMER  
FULL NAME  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September 12th  
year 1946 hour Six minute 16 P.M.  
21. I hereby certify that I attended the deceased from Sept 10  
26 1946 to Sept 12 1946  
that I last saw he alive on Sept 12 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 Widowed  
6. (b) Name of husband or wife Harry Palmer  
6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased March 21, 1873  
(Month) (Day) (Year)

Immediate cause of death  
Solar Pneumonia **3 days**  
Due to Carcinoma of urinary bladder **2 yrs.**  
Due to \_\_\_\_\_  
Other conditions Secondary leukemia  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
73 5 21 hr. min.

Major findings: 526  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Thurston  
13. Birthplace No Record **9**  
(City, town, or county) (State or foreign country)  
14. Maiden name No Record  
15. Birthplace No Record **11**  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Palmer Pearson  
(b) Address 3312 Summit  
17. (a) Burial (b) Date thereof 9-14-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director J. W. Wagner  
(b) Address Kansas City, Missouri  
19. (a) 9-14-46 (b) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: **L**  
(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? **L**  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (a) Means of injury **2)**  
23. Signature Bertha Thurston (M.D. or other) **W.D.**  
Address 804 W. 33rd Date signed 9/13/46

804 W. 33rd  
To 7034

**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 Cecil R. Matthes  
Licensed Embalmer No. 13807  
P. O. Address Kansas City, 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.**