

Registration District No. **21**

Primary Registration District No. **5108**

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Cole Camp Rural Williamstownship
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 Miles Northwest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 7 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Cole Camp Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Anna Palmer

3. (b) If veteran, No name war _____
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife W J Palmer
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased February 12th 1860
(Month) (Day) (Year)

8. AGE: 86 Years 11 Months 3 Days
If less than one day _____ hr. _____ min.

9. Birthplace Cole Camp Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Katy Meyer
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Otto Harms

(b) Address Cole Camp Mo R #1

17. (a) Burial (b) Date thereof Jan. 17.1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director E. E. Eickhoff

(b) Address Cole Camp Mo

19. (a) FEBRUARY 5, 1947 (b) Pauline Harms
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1947 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from 12-20-46, 19____, to 1-15-47, 19____;
that I last saw her alive on 1-13-47, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Hypostatic Pneumonia
Due to Myocardial Failure

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:

(c) 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 A. W. Mauldin (M. D. or other) MD
Address Cole Camp, Mo Date signed 1-16-47

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

2K

CA-01-C

79-41-1

CA 01-C

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..... *E. L. Eickhoff*

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.