

U.S. No. 2
FORM-5-43
Rev. 5-17-39
1 X36671

FILED APR 23 1947
749

Registration District No. **749**

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: St. Luke's Hospital
(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

3. (a) PRINT FULL NAME Glenn Victor Palmer, Jr.

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 4 4 1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<u>7</u>	<u>16 hr. 55 min.</u>

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

10. Usual occupation infant

11. Industry or business _____

12. Name Glenn Victor Palmer, Jr.

13. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Letha Laura G. Gouvard

15. Birthplace Bloomington Nebraska
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. V. Palmer

(b) Address 2926 No. 13th St. C. Kansas

17. (a) Burial **(b) Date thereof:** 4/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cndyep. Mo.

18. (a) Signature of funeral director Poland Speaks

(b) Address Independence Mo

19. (a) 4-12-47 **(b)** Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte ⁹⁹⁹

(c) City or town Kansas City ¹⁴
(If outside city or town limits, write "RURAL")

(d) Street No. 2926 No. 13th St. ⁰
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) ²
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1947 hour 8:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from 4-4
Pathologist 4-11, 1947
that I last saw him alive on 4-11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia bronchial

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 107

Of operations _____

Of autopsy same

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 Philip C. Hunt **(M.D. or other)** _____
St. Luke's Hospital Date signed 12-4-47

1947

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

Richard R. Speaks

Licensed Embalmer No. *3604*

P.O. Address *Indep. 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.