

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13616
Registrar's No. 1906

FILED MAY 12 1947
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: Lakeside Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days
(Specify whether years, months or days)

In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 4040 BELLEFONTAINE AVENUE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -----

3. (a) PRINT FULL NAME Mr. John Rudolph Palmer

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 Married

6. (b) Name of husband or wife Mrs. Eliza Jane Palmer

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased October 3 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 6 23 hr. min.

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

10. Usual occupation Retired 6 Years - Employee

11. Industry or business Railways Express Agency

12. Name Rudolph Palmer

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

14. Maiden name Susan Whaley

15. Birthplace Louden County Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Lark Practice

(b) Address 4018 Warwick

17. (a) Cremation (Burial, cremation, or removal)

(b) Date thereof APRIL 29 1947
(Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-28-47 (Date received local registrar)

A Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th
year 1947 hour 9 minute 18 A. M.

21. I hereby certify that I attended the deceased from Apr 17
1947 to Apr 26 1947
that I last saw him alive on Apr 26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDIAL FAILURE

Due to SENILITY

Due to COMMUNITED FRACTURE OF RIGHT HIP

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

Major findings: Of operations -----

Of autopsy 1st look 18

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence April 17-19 47

(c) Where did injury occur? Home Kansas City, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? no (Specify type of place)

(e) Means of injury fall

23. Signature R. M. Lilley (M. D. or other) DO

Address 243 WERBY BLDG. Date signed 4/26/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

243 New York Bldg.
11:00 - 3:00

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 Melvin Miller
Licensed Embalmer No. 4407
P. O. Address Kansas City 3, 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.