S. No. 2
—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1947

Registration District No. 141

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17276

Primary Registration District No. 3025

Registrar's No. 68

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: West Plains (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christa Hogan Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Shannon
(c) City or town: Birch Tree (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME: Baby Palmer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: female /
5. Color or race: white
6. (a) Single, widowed, married, divorced: infant 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
		xx	21 hr. 20 min.

9. Birthplace: West Plains, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name: Thelman Palmer
FATHER 13. Birthplace: Pangburn (City, town, or county) Arkansas / (State or foreign country)
MOTHER 14. Maiden name: Anita McCarty
MOTHER 15. Birthplace: Naylor (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: Thelman Palmer
(b) Address: Birch Tree, Missouri
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Naylor, Missouri
18. (a) Signature of funeral director: [illegible]
(b) Address
19. (a) May 9-47 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1947 hour 9:00 minute 30 a.m.
21. I hereby certify that I attended the deceased from 5/7, 1947, to 5/8, 1947; that I last saw her alive on 5/8, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Head Injury (Congenital)
Due to: Patent Foramen Ovale
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

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? (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)
While at work? (e) Means of injury: 0

23. Signature: [illegible] M.D.
Address: West Plains, Missouri Date signed: 5/8/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 547307
Date Filed 5-20-47

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.