

S. No. 2
M-5-43
5-17-39
I X3567

FILED JAN 7 1948

Registration District No. 18 Primary Registration District No. 5034

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Rual, Co Saltriver
(c) Name of hospital or institution: R.F.D.#4, Mexico
(d) Length of stay: 50 years
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Mexico Rual
(d) Street No. R.F.D.#4
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ethel May Palmer
3. (b) If veteran None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 1
year 1948 hour 8:30 minute 0 M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles W. Palmer
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June 1, 1878

21. I hereby certify that I attended the deceased from Coronary Case
that I last saw h... alive on...
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 7 Days 0
If less than one day hr. min.

Immediate cause of death she fell dead in the snow between her house and a neighbor's home when she was per home was for a long history of heart trouble had been in hospital in Mexico and other conditions
Physician Blanche Kelly, M.D., Mexico, Mo.
Major findings Myocardial infarction
Of operation None
Of autopsy None

9. Birthplace Centralia, Missouri
10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business
12. Name Enoch Hunt
13. Birthplace Monroe County, Missouri
14. Maiden name Catherine Gellaspie
15. Birthplace Monroe County, Missouri

16. (a) Informant Charles W. Palmer
(b) Address R.F.D.#4, Mexico, Mo.

17. (a) Burial (b) Date thereof Jan. 4, 48
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Pugh
(b) Address Mexico, Mo.

19. (a) 1/4/48 (b) Blanche Kelly
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? None
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

23. Signature J. C. Adams (M. D. or other)
Address Mexico, Mo. Date signed 1-1-48

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

RECEIVED
District Health Officer No.
District File Number 1-44-44
Date Filed JAN - 6 1948

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.....

Clarence C. Robinson....., Registered Apprentice No. 56
working under my personal supervision.

Signed Earl E. Pugh.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.