S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 13 1948

Registration District No. 49

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

5013
State File No.
Registrar's No. 850

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: Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 Months (Specify whether
In this community: 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 5331 Highland 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MRS. MARY E. PALMER
3. (b) If veteran, name war: No
3. (c) Social Security No.: None

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Leon Palmer
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: July 13 1886 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	7	7	hr. min.

9. Birthplace: Denver Colorado (City, town, or county) (State or foreign country)
10. Usual occupation: None
11. Industry or business:
MOTHER FATHER
12. Name: ~~No record~~ John J Flynn
13. Birthplace: No record (City, town, or county) (State or foreign country)
14. Maiden name: No record
15. Birthplace: No record (City, town, or county) (State or foreign country)
16. (a) Informant: Edward A Palmer
(b) Address: Belton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cemetery
18. (a) Signature of funeral director: Zurk & O'Brien Co
(b) Address: 20 West Linwood
19. (a) 2-24-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day Feb year 1948 hour 10:00 minute A M.
21. I hereby certify that I attended the deceased from Feb 6 1948, 19..., to Feb 20 1948, 19 48 that I last saw her alive on Feb 20 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 Weeks
Due to: Hypertensive Heart Disease	10 yrs
Due to: Generalized Arterio - sclerosis	15 yrs
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 93 8
Of autopsy:

PHYSICIAN
Underline the cause of 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: Chas J Skinner (M. D. or other) MD
Address: 1102 Grand Ave Date signed: 2/24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.