

No. 2
1-5-43
5-17-39
X36671

State File No.

FILED MAR 16 1948

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1006 Washington Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: Two Weeks (14 Days) (Specify whether
In this community Two Weeks (14 Days)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Mississippi 67
(c) City or town Blytheville (Rural) 0
(If outside city or town limits, write "RURAL.")
(d) Street No. Route 1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Connie H. Palmer

3. (b) If veteran,
name war 1

3. (c) Social Security
No.

4. Sex Male 0

5. Color or
race White

6. (a) Single, widowed, married,
divorced Divorced 3

6. (b) Name of husband or wife X

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

7. Birth date of deceased October 4th, 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 4 2 hr. min.

9. Birthplace Buena Vista, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farm

12. Name Monroe Palmer

13. Birthplace Dyersburg, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Ann Barnes

15. Birthplace Hollow Rock, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Linnie Franks

(b) Address 1006 Washington Caruthersville

17. (a) Removal (b) Date thereof March 3, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blytheville Cemetery

18. (a) Signature of funeral director Cobb Funeral Home

(b) Address Blytheville, Ark.

19. (a) 3-8-48 (b) Stress B Weeks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1948 hour 11:45 minute P.M.

21. I hereby certify that I attended the deceased from
....., 19....., to 19.....;
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration

Due to.....

Due to.....

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

Major findings:
Of operations..... 13B
Of autopsy.....
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 3

23. Signature Jess Kelley Coroner (M.D.) or other) 3

Address Hayti, Mo. Date signed 3-3-48

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

MOTHER FATHER

3-48-87

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.....
Cott Funeral Home, Blytheville, Ark......, Registered Apprentice No.....
working under my personal supervision.

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.