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Submitted

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 524 W. Central  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 524 W. Central  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Hettie PALMER

3. (b) If veteran, name war None

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 Clarence Palmer

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 14, 1880  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1948 hour 9:10 minute A.M.

21. I hereby certify that I attended the deceased from 3-10 1948 to 5-2 1948 that I last saw her alive on 5-2 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration

Duration 3 yrs +

8. AGE:

Years	Months	Days	If less than one day
68	1	18	.....hr. ....min.

Due to.....

Due to.....

Other conditions. Latent Gaster (include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

9. Birthplace Sarcoxie, Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name William Coates

13. Birthplace Sarcoxie, Mo. D  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Ward

15. Birthplace Fayetteville, Ark. /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Clarence Palmer  
(b) Address 524 W. Central Carthage,

17. (a) Burial (b) Date thereof 5-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harvey Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer  
(b) Address Carthage, Mo.

19. (a) 5-3-1948 (b) L. B. Clinton  
(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).....

(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.....

23. Signature W. Russell Smith D. or other) MD  
Address Carthage, Mo. Date signed 5-3-48

## 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 \_\_\_\_\_

working under my personal supervision. Charles H. Hutsler Jr. Registered Apprentice No. #24

Signed *Gene C. Pugh* Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.