

FILED AUG 9 1948

State File No.

Registration District No. **43**

Primary Registration District No. **5137**

Registrar's No. **246**

1. PLACE OF DEATH:

(a) County **Butler**  
 (b) City or town **Poplar Bluff**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Black River Trip**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community **Life**  
 years, months or days)

3. (a) PRINT FULL NAME **Marion LeRoy Palmer**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **493-26-7167**

4. Sex **M** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Lorene Palmer**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **May 15 1927**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**21 2 21** hr. min.

9. Birthplace **Sikeston Mo**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Milk Truck driver**

11. Industry or business **Dairy**

MOTHER FATHER { 12. Name **Marion Palmer**  
 13. Birthplace **Hardin Co. Illinois**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Ray Palmer**  
 15. Birthplace **Hardin Co. Illinois**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Marion Palmer**

(b) Address **Sikeston, Mo.**

17. (a) **Burial** (b) Date thereof **7/30/48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Poplar Bluff, Mo.**

18. (a) Signature of funeral director **Greer Croy & Fitch**

(b) Address **Poplar Bluff, Mo.**

19. (a) **8-2-48** (b) **R. Rommette**  
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**  
 (c) City or town **Poplar Bluff**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **935 Gardner**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**  
 year **1948** hour \_\_\_\_\_ minute \_\_\_\_\_ 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 \_\_\_\_\_  
**Asphyxiation**  
**Drowning**  
 Due to **chance fall while**  
**dairy repair work when**  
 Due to **boat capsized**

Duration

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations **none**  
 Of autopsy **none**

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) **Accident**  
 (b) Date of occurrence **7/27/48**  
 (c) Where did injury occur? **Poplar Bluff Butler Mo**  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public place**

While at work? **no** (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Greer Croy & Fitch**  
 Address **Poplar Bluff Mo** Date signed **7/31-48**

RECEIVED

District Health Office No. 2,

District File Number 848-991

Date Filed 8-7-48

AUG 10 1948

JUN 3 1953

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.....

Philip J. Cassidy....., Registered Apprentice No. 108  
working under my personal supervision.

Signed Wallace N. Fitch.....

Licensed Embalmer No. 3859

P. O. Address Orla Bluff Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.