. S. No. 300
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26526

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2990

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:
1412 COLORADO STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community 22 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1410 COLORADO STREET 8
(If rural, give location) 0

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

If yes, name country — —

3. (a) PRINT FULL NAME MR. RUSSELL FLOYD PALMER

3. (b) If veteran, name war No

3. (c) Social Security No. 510-10-3583

4. Sex MALE

5. Color or race WHITE

6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of ~~husband~~ or wife MRS. LELA MARGARET PALMER

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased AUGUST (Month) 25 (Day) 1888 (Year)

8. AGE: Years 59 Months 10 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace McCOOK (City, town, or county) NEBRASKA (State or foreign country)

10. Usual occupation SALES MANAGER

11. Industry or business I. D. RUSSELL Co.

FATHER
12. Name WILLIAM PALMER
13. Birthplace PEORIA ~~UNKNOWN~~ (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name DAISY (UNKNOWN) PALMER
15. Birthplace KEITHSBERG ~~UNKNOWN~~ (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant Mrs. Lela Margaret Palmer

(b) Address 1412 Colorado Street

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JULY-21-1948 (Month) (Day) (Year)

(c) Place: burial or cremation FREMONT, NEBRASKA

18. (a) Signature of funeral director D. W. Newcomer's Son

(b) Address 1401 Brush Creek Blvd

19. (a) 7-21-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 17TH year 1948 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from ....., 1944 to July 17, 1948; that I last saw him alive on July 17, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory & Cardiac failure	
Due to Bronchiectasis	2 years
Due to Coronary Thrombosis	3 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94 a	
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

23. Signature G. L. Antony (M. D. or other) DO

Address 3901 S. Indiana Date signed 7/18/48

(Licensed Embalmer's Statement on Reverse Side) Kansas City MO

3901 1/2 Indiana Avenue
1-8

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 D. D. Nofsinger

Licensed Embalmer No. 9938

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.