

FILED AUG 24 1948
Registration District No. 239

Primary Registration District No. 6217

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada Rural- Badgett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 57 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Samuel Hezekiah Palmer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race N 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Mabel Jennie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 27 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Maell Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER 12. Name G. A. Palmer

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

14. Maiden name Mary Jane Sherman

15. Birthplace Maell Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Rayd Palmer
(b) Address Independence, Mo

17. (a) Burial (b) Date thereof August 19 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmer Cemetery

18. (a) Signature of funeral director Ferny Funeral Home
(b) Address Nevada, Missouri
19. (a) Aug 19 1948 (b) Mr. Ruth Faith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. Badgett Imp.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1948 hour 6 minute 30 PM

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 Suicide Duration _____

Due to used a 22. Rifle.

Due to _____

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

Major findings: Of operations 1640

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Aug 10 - 1948

(c) Where did injury occur? Nevada Co. Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
farm house

While at work? _____ (Specify type of place)
(e) Means of injury 22. rifle

23. Signature Marsh. Cishner (M. D. or other) Coroner
Address Nevada, Mo Date signed 8-14-48

RECEIVED

District Health Officer No. 74

District File Number 7-48-977

Date Filed 8-24-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 1760

P. O. Address Lawson, 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.