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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30398

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 290

1. PLACE OF DEATH:

(a) County Marion.

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

(c) Name of hospital or institution:
~~6 Weeks.~~ St Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Weeks. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87

(c) City or town Center, Missouri.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph E. Palmer.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oneta Palmer

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Nov. 13, 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	42	9	19	hr. min.

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

10. Usual occupation Laborer.

11. Industry or business Labor

FATHER
12. Name Thomas G. Palmer.
13. Birthplace Ralls County, Missouri.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Gentry.
15. Birthplace Ralls County, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Oneta Palmer
(b) Address Center, Missouri.

17. (a) Burial (b) Date thereof 9-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Center, Missouri.

18. (a) Signature of funeral director Clyde C. Wilkey
(b) Address Perry, Missouri.

19. (a) 9-8-48 (b) Dr. E. M. Locke
(Date received local registrar) (Registrar's signature) 149

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 2nd, year 1948 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from March, 1948, to Sept 2, 1948; that I last saw him alive on Sept 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	6 Days
Due to Perforation & Obstruction	
Due to Stomach Ulcer	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 [signature] (M. D. or other)

Address Hannibal, Mo. Date signed Sept 4-48

(Licensed Embalmer's Statement on Reverse Side)

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 Clyde C. Wilson

Licensed Embalmer No. 3820

P. O. Address Perry, 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.