

FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33282

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Jasper  
(c) Name of hospital or institution: 516 Concourse  
(d) Length of stay: 11 weeks  
In this community 11 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State OKLAHOMA  
(b) County 777  
(c) City or town McALLISTER 34  
(d) Street No.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MARTHA E. PALMER.

3. (b) If veteran name war.  
3. (c) Social Security No.

4. Sex Female  
5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Nov. 1 - 1849  
(Month) (Day) (Year)

8. AGE: Years 98 Months 11 Days 27  
If less than one day hr. min.

9. Birthplace MARYLAND -  
(City, town, or county) (State or foreign country)

10. Usual occupation House duty

11. Industry or business "

12. Name STURGIS -

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

14. Maiden name CAREY  
(City, town, or county) (State or foreign country)

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

16. (a) Informant A. G. Casey

(b) Address Jasper Missouri

17. (a) Removal (b) Date thereof 10/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McAllister Okla.

18. (a) Signature of funeral director

(b) Address McAllister Okla.

19. (a) 10-28-48 (b) Date received local registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27  
year 1948 hour 2 minute 59 M.

21. I hereby certify that I attended the deceased from August 12 1948 to Oct 27 1948  
that I last saw her alive on Oct 12 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis, senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy

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

(a) Accident, suicide, or homicide (specify) No.

(b) Date of occurrence

(c) Where did injury occur?

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

(Specify type of place)

While at work (Specify type of place)

(e) Means of injury

23. Signature of physician

Prisco Bldg. (M. D. or other)

Date signed 10/27/48

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

69  
2  
5

MOTHER FATHER

138-1

(Licensed Embalmer's Statement on Reverse Side)

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.....

*William E. Frew*, Registered Apprentice No. *283*

working under my personal supervision.

Signed *Frank Shurebult*

Licensed Embalmer No. *959*

P. O. Address *Joplin 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.