

No. 300  
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PI 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED NOV 19 1948

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **37003**  
Registrar's No. **334**

Registration District No. **146** Primary Registration District No. **3026**

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

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Independence**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Indep. Jan. Hosp.**  
 (If not in hospital or institution, write street number & location)  
 (d) Length of stay: In hospital or institution **2 days**  
 In this community **43** years, months or days (Specify whether years, months or days)

**3: (a) PRINT FULL NAME** **Mrs. Susie F. Palmer**  
**3. (b) If veteran,** **—** **3. (c) Social Security No.** **—**  
 name war **—**

**4. Sex** **Female** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **widowed**  
**6. (b) Name of husband or wife** **Burt O. Palmer** **6. (c) Age of husband or wife if alive** **—** years  
**7. Birth date of deceased** **January 12, 1874**  
 (Month) (Day) (Year)

**8. AGE:** Years **74** Months **9** Days **27** If less than one day  
 hr. **0** min.

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

**10. Usual occupation** **Housewife**

**11. Industry or business** **—**

**12. Name** **Amelia Satterfield Cave**  
**13. Birthplace** **Sumner Co. Tenn**  
 (City, town, or county) (State or foreign country)

**14. Maiden name** **Satterfield Cave**  
**15. Birthplace** **Surry Co. No. Car.**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. John D. Winter**  
**(b) Address** **737 S. Main**

**17. (a) Burial** **(b) Date thereof** **Nov. 8, 1948**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**18. (a) Signature of funeral director** **Memorial Park**  
**(b) Address** **310 N. Main - Indep. Mo.**

**19. (a) 11-8-48** **(b) [Signature]**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Indep.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **737 S. Main.**  
 (If rural, give location)  
 (e) Citizen of foreign country? **NO.** (Yes or No)  
 If yes, name country **—**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Nov.** day **6.**  
 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: **Circulatory Failure** } Duration **1 hr.**  
**Myocardial Infarction** } **2 hr.**  
**90 B** } **(5 days)**  
 Due to **—**  
 Due to **—**  
 Other conditions **—**  
 (Include pregnancy within 3 months of death)

**Major findings:**  
 Of operations **—**  
 Of autopsy **See Above**  
**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?** **—**  
 While at work **—** (Specify type of place) (e) Means of injury **—**  
**23. Signature** **[Signature]** (M. D. printed)  
**Address** **2800 Main** Date dictated **11/8/48**

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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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Henry J. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.**