

FILED MAR 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8770

BIRTH NO.		REG. DIST. NO. 150	PRIMARY REG. DIST. NO. 5572	Registrar's No. 36
1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL PRAIRIE TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		
c. LENGTH OF STAY (In this place) 119-9M-140		d. STREET ADDRESS (If rural, give location) 3902-2-12-1st		
d. FULL NAME OF HOSPITAL OR INSTITUTION JACKSON Co Home for Aged 5				
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) C.		c. (Last) PALMER
4. DATE OF DEATH (Month) (Day) (Year) 2-26-1949				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 9-5-1896	9. AGE (In years last birthday) 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleaner		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) WINDSOR Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Wm Palmer		13b. MOTHER'S MAIDEN NAME Veritta Albin		14. NAME OF HUSBAND OR WIFE Laurine Palmer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Laurine E. Palmer
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		II. OTHER SIGNIFICANT CONDITIONS		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		
		DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2/25, 1949 to 2/26, 1949 that I last saw the deceased alive on 2/26, 1949, and that death occurred at 6:45 P.M., from the causes and on the date stated above.				
23a. SIGNATURE J W Green		23b. ADDRESS		23c. DATE SIGNED 2/27/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/12/49		24c. NAME OF CEMETERY OR CREMATORY Mem Park Cem.
24d. LOCATION (City, town, or county) St. Louis		24e. FUNERAL DIRECTOR'S SIGNATURE Ernestson H.C. No		
DATE REC'D BY LOCAL REG. 2-28-49		REGISTRAR'S SIGNATURE Donald C. Emanuel		ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

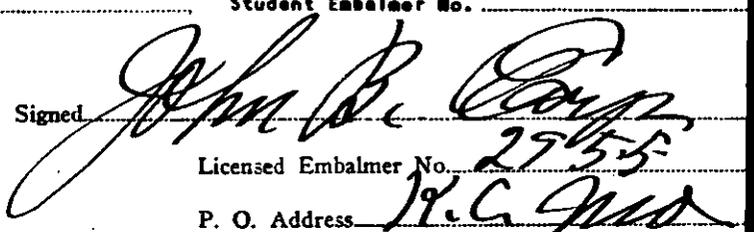
No. 300
10-48

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 _____

..... Student Embalmer No. _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed  _____
Licensed Embalmer No. 2955
P. O. Address H. C. [unclear]

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.