

FILED SEP 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29860

BIRTH NO.		REG. DIST. NO. 118	PRIMARY REG. DIST. NO. 5437	Registrar's No. 32
1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Bourbois Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bourbois Twp.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Bland Route 1		d. STREET ADDRESS (If rural, give location) Bland Route 1		
3. NAME OF DECEASED (Type or Print) Martha Ellen Isabelle Palmer a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH Sept. 6 1949 (Month) (Day) (Year)	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 4, 1867	9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY **	11. BIRTHPLACE (State or foreign country) Chamois, Mo. D	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Granville Dallis		13b. MOTHER'S MAIDEN NAME Ellen McKinney	14. NAME OF HUSBAND OR WIFE Robert Palmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. **	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lulu Luebbert Bland, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis about		INTERVAL BETWEEN ONSET AND DEATH 3 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		292X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 August 26, 1949, to Sept 6, 1949, that I last saw the deceased alive on August 26, 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.				
23a. SIGNATURE C. J. Janner (M.D.)		23b. ADDRESS St. James, Mo.		23c. DATE SIGNED 9-6-1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-9-1949	24c. NAME OF CEMETERY OR CREMATORY Presbyterian Cem.	24d. LOCATION (City, town, or county) (State) Washington, Mo.
DATE REC'D BY LOCAL REG. 9/13/49		REGISTRAR'S SIGNATURE Dorothy Hackman 369		25. FUNERAL DIRECTOR'S SIGNATURE Melford H. H. Winter OWENSVILLE Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 8 1949

MS OCT 9 1960

RECEIVED SEP 15 1949  
District Health Officer No. 9,  
District File Number.....

**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 M

Student Embalmer No. ....

working under my personal supervision.

Signed Myford N. H. Winter

Signed.....  
Student Embalmer

Licensed Embalmer No. 3838  
Owensville, Mo.  
P. O. Address.....

**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.