

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41526

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg.	
c. LENGTH OF STAY (In this place) 6yrs		d. STREET ADDRESS (If rural, give location) 119, Madison.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Eldon b. (Middle) Washington c. (Last) Palmer.			4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1949.		
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 1, 1886		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired			10b. KIND OF BUSINESS OR INDUSTRY farmer			11. BIRTHPLACE (State or foreign country) Johnson Co. Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME George W. Palmer			13b. MOTHER'S MAIDEN NAME Sarah A. Whitted			14. NAME OF HUSBAND OR WIFE Mary A. Palmer.		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary A. Palmer, Warrensburg, MO.			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage						3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension						5 years!	
		DUE TO (c) Syphilis						331X	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						7'	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Sept 18, 1949**, to **Dec 15, 1949**, that I last saw the deceased alive on **Dec 14, 1949**, and that death occurred at **7:45 AM**, from the causes and on the date stated above.

23a. SIGNATURE Sheel Moore Kim (Degree or title)		23b. ADDRESS Warrensburg Mo.		23c. DATE SIGNED Dec. 16, 49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 17, Dec. 1949		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg. Mo.	
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DATE REC'D BY LOCAL REG. Dec. 16, 1949		REGISTRAR'S SIGNATURE Savannah Butehfield		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips, Warrensburg, MO.	
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

51
22

MAR 1 1955

RECEIVED
DEC 20 1949
RECEIVED

JOHNSON COUNTY HEALTH DEPT.
APR 8 1951

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 _____

Leo P. McGuirk

Student Embalmer No. *358*

working under my personal supervision.

Student *Leo P. McGuirk*
Student Embalmer

Signed *R. Q. Phillips*

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg, 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.