

STANDARD CERTIFICATE OF DEATH

State File No. 695

FILED MAR 8 1952

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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 KANSAS CITY		c. LENGTH OF STAY (in this place) 46 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 2938		d. STREET ADDRESS (If rural, give location) 8330 TERRACE STREET 210	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL							
3. NAME OF DECEASED a. (First) JENNIE (Type or Print)			b. (Middle) CRESINA		c. (Last) PALMER		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 11 1952
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MARCH 28 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) GALESBURG ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LOUIS BUELL		13b. MOTHER'S MAIDEN NAME CORNELIA J. CLARK		14. NAME OF HUSBAND OR WIFE JAMES JESSE 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. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. HELEN L. MCCOOK 6904 E. 17th ST. KANSAS CITY 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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Right Colon</u> MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Neoplastic disease</u> DUE TO (c) <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>153X</u>	
19a. DATE OF OPERATION 1-4-52		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of right Colon</u>				20. AUTOPSY? YES <input checked="" 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)		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 <u>Dec 29</u> , 1951, to <u>2-11</u> , 1952, that I last saw the deceased alive on <u>2-10</u> , 1952, and that death occurred at <u>6:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter Cummins M.D.</u> (Degree or title)				23b. ADDRESS <u>1612 Prof. Bldg.</u>		23c. DATE SIGNED <u>2-12-52</u>	
24a. BURIAL CREMATION (REMOVED) (Specify) BURIAL		24b. DATE FEB-13-1952		24c. NAME OF CEMETERY OR CREMATORY ROSEHILL CEMETERY		24d. LOCATION (City, town, or county) (State) BROOKFIELD MISSOURI	
DATE REC'D BY LOCAL REG. 2-13-52		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W.H. Newcomer Sons</u> 1331 BRUSH CREEK KANSAS CITY MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Robert Ray

Signed.....

Student Embalmer

Licensed Embalmer No. 4182

P. O. Address. Kansas City, 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.