

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28211**
3591

FILED AUG 25 1952

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON 1				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) 3 MONTHS		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN KANSAS CITY		3391	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1811 E. 24TH ST.				d. STREET ADDRESS (If rural, give location) 1811 E. 24TH ST 39			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) _____		c. (Last) PALMER		4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1952	
5. SEX MALE 2		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH - - - - -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) MAN Y, LA. 1		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JOUSH PALMER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MARGARY 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 ADDRESS Sille Mae Smith 1811 E. 24th			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility 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. INTERVAL BETWEEN ONSET AND DEATH 794X					
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) Kansas City Jackson, Mo.			
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 7-7-1952 to 8-7-1952 that I last saw the deceased alive on 8-4-1952 and that death occurred at 7 m., from the causes and on the date stated above.							
23a. SIGNATURE J. Haugh Sr. (Degree or title)				23b. ADDRESS 2200 E. 18th St.		23c. DATE SIGNED 8-8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 14, 1952		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 8-11-52		REGISTRAR'S SIGNATURE E. Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fannie T. Meek, Kansas City 8, Mo.			

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

201 2765-

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.

Student
Student Embalmer

Signed Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City 8, 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.