

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D APR 25 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12006

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
(b) Township 1 Primary Registration District No. 3034 Registered No. 67
(c) City Moberly (d) Street No. McCormick Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ruth E. Archer

(a) Residence, No. 824 W. Sturgeon St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Roland E. Archer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 - 1888
7. AGE YEARS 50 MONTHS 11 DAYS 23 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Mar. 29, 39 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middle Town Mo.
13. NAME Thomas Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville Ill.
15. MAIDEN NAME Eliza J. Stottar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
17. INFORMANT (ADDRESS) R. E. Archer, Hurban Moberly
18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DATE Mar. 31, 1939
19. FUNERAL DIRECTOR (NAME AND ADDRESS) Snodgrass Funeral Home Moberly Mo.
20. FILED Mar 31, 1939 Beah Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Covered Base, 19...
I last saw h. alive on .., 19... Death is said

to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Struck by Nabash train No. 33
Injuries were fractured skull
compound fracture of tibia & fibula
of left leg. Right ankle broken
and various other bruises on legs
and body
Other contributory causes of importance:

Name of operation .. Date of ..

What test confirmed diagnosis? .. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3-29, 1939

Where did injury occur? Moberly, Mo. Randolph Co.,

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury R. R. engine struck her

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? no

He/she specifically ..

(Signed) E. H. Sprader, M. D.

(Address) Moberly, Mo.

1. I HEREBY CERTIFY THAT THE BODY WHOSE NAME IS RECORDED ON THE REVERSE SIDE OF THIS CERTIFICATE WAS EMBALMED BY ME OR BY A REGISTERED APPRENTICE WORKING UNDER MY PERSONAL SUPERVISION.

EX-107-3
1949

RECEIVED

District Health Officer No. 10

District File Number 10-37-693

Date Filed APR 17 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by myself

or, or by R. M. Carter

Registered Apprentice No. 185, working under my personal supervision.

Signed Chas. E. Barnes

Licensed Embalmer No. 2414

P. O. Address Woburn, Mass.

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, above space should be left blank.