

Registration District No. **882** Primary Registration District No. **6174**

**1. PLACE OF DEATH:**  
(a) County **Warren**  
(b) City or town **Wickery Grove Rural**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2**  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Annie V. Archer**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W.**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive **70** years  
7. Birth date of deceased **Oct 11 1882**  
(Month) (Day) (Year)

8. AGE: Years **59** Months **9** Days **25**  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Warren Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

**MOTHER**  
11. Industry or business \_\_\_\_\_  
12. Name **Henny Balliger**  
13. Birthplace **Switzerland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Friederichs**  
15. Birthplace **St. Charles Co Mo**  
(City, town, or county) (State or foreign country)

**FATHER**  
16. (a) Informant's own signature **John S. Miller**  
(b) Address **4932 Ashcroft St. St. Louis Mo.**  
17. (a) **Buried** (b) Date thereof **8/7/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Wright City Cem**  
18. (a) Signature of funeral director **Wright City Cem**  
(b) Address **Wright City Mo**  
19. (a) **8/6/40** (b) **Jules Nieburg**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Warren**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **East of Wright City, Mo.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month **Aug** day **5** year **1940** hour **8:20** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **21<sup>st</sup>** in **1940**,  
that I last saw her alive on **July 9**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Polycythemia vera** Duration **5 yrs**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **74**

**PHYSICIAN**  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **999**  
(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature **Samuel B Grant** (M. D. or other) **M.D.**  
Address **114 N. Taylor** Date signed **8/6/40**

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
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.

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

Signed

*Julius J. Neuhoff*

Licensed Embalmer No.

*33660*

P. O. Address

*Wright 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, above space should be left blank.**