. No. 2
-4-13-40
5-17-39
PI X23159

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

JUN 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19214

Registration District No. 849 Primary Registration District No. 4515 Registrar's No. 48

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Green City (If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Sullivan
(c) City or town Green City Mo (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Elizabeth Archer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Archer
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased June (Month) 17 (Day) 1869 (Year)
8. AGE: Years 71 Months 11 Days 23 If less than one day ...hr. ...min.
9. Birthplace Adair Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Wife
11. Industry or business House Wife
FATHER 12. Name Adam Shoop
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Cyrena Shibley
15. Birthplace Don't know (City, town, or county) / New York (State or foreign country)
16. (a) Informant G M Archer
(b) Address Green City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 41 (Month) (Day) (Year)
(c) Place: burial or cremation Green City Mo
18. (a) Signature of funeral director Glenn E. Kiel
(b) Address Green City Mo
19. (a) June 2 41 (Date received local registrar) (b) Virginia Gebr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1941 hour 5 minute 10 P M.
21. I hereby certify that I attended the deceased from May, 1936, to May 13, 1941
that I last saw her alive on May 13, 1941
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Chronic Valvular disease of heart
Due to Rheumatism
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W Herrington M.D. (M.D. or other)
Address Green City Mo Date signed 5/13/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-41-1059
Date Filed JUN 2 - 1941

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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green 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.