

usual residence same as 7011.

FILED NOV 10 1941

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

34794
Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 272
(b) Township Benton Primary Registration District No. 5274
(c) City Ava (d) Street No. 1 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Susan Archer

(a) Residence, No. Ava 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

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF A. W. Archer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5 18

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)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harden C. Ohio

13. NAME E. Stoffer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME ****Mackleroy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Sylvia Garrison
Ava Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Goodhope DATE 10-18-41 19. _____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clinkingbeard Funeral Ho
Ava, Missouri

20. FILED 10-22 19. 41 Rebek. White
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16, 1941

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1941, to Oct 16 1941
I last saw her alive on Oct 15 1941. Death is said to have occurred on the date stated above, at 11: P. m.
The principal cause of death and related causes of importance were as follows:

apoplexy
830
Other contributory causes of importance:
Arteriosclerosis
& Hypertension
Date of onset Oct 17 41
Estate 1932

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? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) B. M. Norman, M. D.
Ava Mo
(Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

34
10

S. R. M. Harrison

RECEIVED

District Health Officer No. 6,

District File Number 1141-1644

Date Filed NOV 3 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 *H. B. Harrison*

Licensed Embalmer No. 3431

P. O. Address

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.