

FILED MAR 16 1942

Registration District No.

Primary Registration District No. 4078

Registrar's No. 23

1. PLACE OF DEATH:

(a) County. Carroll
(b) City or town. Norborne
(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. 1
(Specify whether

In this community. 28 years
years, months or days)

3. (a) PRINT FULL NAME Alvin Archaik

3. (b) If veteran, name war.

3. (c) Social Security No. 520-03-2003

4. Sex male
5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Geneva Archaik

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased. Jan 30 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 13 Days 13
If less than one day hr. min.

9. Birthplace. Oakland California
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business

12. Name Lloyd Levi Archaik

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Mar. Lough

15. Birthplace California
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Geneva Archaik

(b) Address Norborne, Mo

17. (a) Burial (b) Date thereof Feb 15 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairhaven Cem.

18. (a) Signature of funeral director. J. H. Stover

(b) Address Norborne, Mo

19. (a) 2-14-42 (b) Mrs. James R. Rafferty
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Norborne
(If outside city or town limits, write "RURAL")

(d) Street No. 513 East 2nd St
(If rural, give location)

(e) Citizen of foreign country? No
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13th
year 1942 hour 12-30 minute A M.

21. I hereby certify that I attended the deceased from 2-13-
1942 to 2-13- 1942

that I last saw him alive on 2-13- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to focal infection

Due to

Other conditions. 4301
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature B. C. Coles (M. D. or other) D
Address Norborne Mo Date signed 2-14-42

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

17
2
0

1053

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-13-42

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 me

A. P. Shoua

Registered Apprentice No. 2406

working under my personal supervision.

Signed _____

A. P. Shoua

Licensed Embalmer No. 2406

P. O. Address Northome 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.