

Registration District No. 908

Primary Registration District No. 4549

1. PLACE OF DEATH:

(a) County. Wright  
(b) City or town. Mountain Grove, Tenn.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Craig Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 8 hours  
(Specify whether  
In this community. \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Walter Archer

3. (b) If veteran,  
name war. \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex male 5. Color or  
race White

6. (a) Single, widowed, married,  
divorced. 1

6. (b) Name of husband or wife. \_\_\_\_\_

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

7. Birth date of deceased. \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: 0 Years 0 Months 0 Days  
8 hr. 18 min.

9. Birthplace Mountain Grove Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation XXX

11. Industry or business XXX

12. Name Fred Willey Archer

13. Birthplace Mountain Grove Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Marie Gilliland

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

16. (a) Informant Fred W. Archer

(b) Address Mountain Grove Mo

17. (a) X Burial (b) Date thereof April 2, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain Grove Mo

18. (a) Signature of funeral director Wm. Stepp

(b) Address Mountain Grove Missouri

19. (a) 5/17/42 (b) Ruby Berry  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright  
(c) City or town Mountain Grove  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st  
year 1942 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from 4/1/42  
4/1 1942  
that I last saw him alive on 4/1/42  
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage  
from birth  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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? Birth  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature W. A. Craig (M.D. or other) Do.  
Address Mountain Grove Mo Date signed 5/17/42

RECEIVED

District Health Officer No. 6,

District File Number 542-704

Date Filed MAY 13 1942

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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.....

Licensed Embalmer No. 3161

P. O. Address. Wm. Shreve

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.