

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution **St. Lukes Hosp.**
(d) Length of stay: In hospital or institution **5 Days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay**
(c) City or town **Liberty**
(d) Street No. **131 B**
(e) If foreign born, how long in U. S. A. years

3. (a) PRINT FULL NAME **Charles D. Archer**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **92-14-4828**

4. Sex **Male** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Maudie Thaxfield** (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **Dec - 3 - 1874**
(Month) (Day) (Year)

8. AGE: Years **67** Months **6** Days **15** If less than one day hr. min.

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

10. Usual occupation **Laborer - Common**

11. Industry or business

MOTHER FATHER
12. Name **Joseph Archer**
13. Birthplace **Ill.**
14. Maiden name **Nancy** **Beaton**
15. Birthplace **Ill.**

16. (a) Informant's own signature **Mrs. Gilbert Thomas**

(b) Address **Rt 3 Liberty, Mo**

17. (a) **Burial** (b) Date thereof **June 20, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nebo Near Liberty Mo**

18. (a) Signature of funeral director **Church - Archer Co**

(b) Address **Liberty, Mo**

19. (a) **6-19-42** (b) **M. M. Crover**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18** year **1942** hour **12** minute **55** A.M.

21. I hereby certify that I attended the deceased from **6/12**, 19**42**, to **6/18**, 19**42**;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerosis**

Due to **chronic hepatitis** 6-8m

Due to _____

Other conditions **131 B**
(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? _____ (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) (e) Means of injury **D**

23. Signature **[Signature]** (M. D. or other)

Address **[Address]** Date signed **[Date]**

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.

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. Edgar Archer

Licensed Embalmer No. 3311

P. O. Address. Liberty, 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.