

Registration District No. FILED JUN 15 1942 399

Primary Registration District No. 1002

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: 3 weeks defoon cont
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 46 hrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wesmoreland

(c) City or town Kansas City 444
Wine (If outside city or town limits, state "RURAL")

(d) Street No. 3535 Woodlawn 17
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Margaret V. Archibald

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1942 hour 8:15 minute 17 M.

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, divorced, 2 divorced

(b) Name of husband or wife M. D. Archibald 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased March 18 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1 to July 10, 1942
that I last saw her alive on July 10, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Piquette Pennsylvania (City, town, or county) (State or foreign country)

10. Usual occupation Housework

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension, & Rheu 24 hrs

Due to Cardiovascular Disease 1 yr

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Albert Lightner

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

14. Maiden name Mrs. R. K. Lightner

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

Major findings: Of operations _____

Of autopsy 131a

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant J. W. Hamman

(b) Address 3535 Woodlawn

17. (a) Removed (b) Date thereof July 11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Abeline Kansas

18. (a) Signature of funeral director R. A. Fritton

(b) Address Kansas City Kansas

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature R. A. Fritton (M. D. or other) _____

Address 315 Angell Bldg Date signed _____

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

PA. Fulton

Licensed Embalmer No. *3503*

P. O. Address *W.C. Kauer*

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.