

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **2890**
 Registrar's No. **16**

FILED FEB 12 1943
 Registration District No. **12293**

Primary Registration District No. **5809**

1. PLACE OF DEATH:

(a) County **Montgomery**
 (b) City or town **near New Florence Mo**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **none Danville Ill**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **none** (Specify whether)
 In this community **17 year** (years, months or days)

3. (a) PRINT FULL NAME **CLARA BELL ARCHER**

3. (b) If veteran, name war. 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive **86** years (Month) (Day) (Year)

7. Birth date of deceased **June 10 1866** (Month) (Day) (Year)
 8. AGE: Years **76** Months **7** Days **19** If less than one day hr. min.

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

10. Usual occupation **house wife**

11. Industry or business

12. Name **Bessie J. Letting**
 13. Birthplace **State of Pennsylvania** (City, town, or county) (State or foreign country)
 14. Maiden name **Lucy Ann Allen**
 15. Birthplace **State of Pennsylvania** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Chris Hares**

(b) Address **New Florence Mo**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **Jan 30-1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor Mo**

18. (a) Signature of funeral director **J. H. Hares**

(b) Address **Windsor Mo**

19. (a) **Jan 30-43** (Date received local registrar) (b) **Mrs. Anna Pfeiffer** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery**
 (c) City or town **near New Florence Mo** (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 **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **29** year **1943** hour **11** minute **0** M.

21. I hereby certify that I attended the deceased from **June 3**, 19**42** to **Jan 29**, 19**43** that I last saw her alive on **Jan 29**, 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary embolus** **immediate**

Due to **Chronic Endocarditis & Chronic Nephritis** **several years**

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **x**
 (b) Date of occurrence **x**
 (c) Where did injury occur? **x** (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 **x**

23. Signature **C. H. Thompson** (M. D. or other) **DO**

Address **New Florence Mo** Date signed **Jan 29 1943**

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

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. *3658*

P. O. Address *Montgomery City*

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.