S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1943

Registration District No. 199

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5314

Registrar's No. 581

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: On Troup Train No. 418 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 999

(a) State: Connecticut (b) County: 6 5

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

(d) Street No.: 28 Underhill Street,
(If rural, give location)

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

3. (a) PRINT FULL NAME: Pvt. Archer B. Lord,

3. (b) If veteran, name war: World War #2

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married /

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: Years: about 24 | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) 9 (State or foreign country)

Not obtainable

16. (a) Informant .....
(b) Address .....

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2-4-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Stamford, Connecticut

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-4-43 (Date received local registrar) (b) M M Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd year 1943 hour 8:56 minute P. M.

21. I hereby certify that I attended the deceased from Coroner, 19....;
that I last saw h..... alive on ..... 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Thymic hyperplasia
Status thymicolymphaticus with
Acute pulmonary edema and
~~Due to~~ congestion

Duration: 64

Due to .....

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

Major findings:
Of operations .....

Of autopsy: see above

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) .....
(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? ..... (Specify type of place)
(e) While at work? ..... (e) Means of injury .....

23. Signature: [illegible] (M. D. or other)
Address: K. C. Mo. Date signed 3/3/43

(Licensed Embalmer's Statement on Reverse Side)

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. 1415

P. O. Address.....

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.