

FILED DEC 8 1943 327
Registration District No.

Primary Registration District No. 4094

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Commerce
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Box 43
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Commerce
(If outside city or town limits, write "RURAL")
(d) Street No. Box 43
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Luella Archer

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married. Divorced Widowed

6. (b) Name of husband or wife Allen Archer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 31, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 7 8 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Joe Pretty

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

14. Maiden name Angelina Key

15. Birthplace (Unknown) Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Elnora Holloway

(b) Address Box 43, Commerce, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Commerce, Mo.

18. (a) Signature of funeral director F. J. Spiker

(b) Address Cape Girardeau, Mo.

19. (a) 11-16-43 (Date received local registrar) (b) Luella Archer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1943 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 6 1943 to Nov. 7 1943
that I last saw her alive on Nov. 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

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 _____

23. Signature D. Fred W. Martin

Address 11770, 170 Date signed 11-8-43

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

100
99

1054

DEC 8 1943

RECEIVED

District Health Office No. 2,

District File Number 1243-1500

Date Filed 12-6-43

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..... Frank Sparks.....

Licensed Embalmer No. 3455.....

P. O. Address Cape Girardeau.....

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.