

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty
(c) Name of hospital or institution The Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 448 Arthur St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MATTIE L. ARCHER
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 14 year 1944 hour 10 minute 30 A.M.

4. Sex Female 5. Color of race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Walter Archer 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased: July 2 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1936 to Oct 14 1944 that I last saw him alive on Oct 14 1944 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>12</u>	hr. min.

Immediate cause of death Cerebral Occlusion
Due to Cerebral Sclerosis
Duration 12 hr.
Due to 8 yr.

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: 94a

11. Industry or business _____
12. Name W-H Barnes
13. Birthplace Clay Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Smith
15. Birthplace Missouri City Mo
(City, town, or county) (State or foreign country)

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

16. (a) Informant Walter Archer
(b) Address 448 Arthur Liberty Mo
17. (a) Burial (b) Date thereof Oct 17-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Memorial Liberty Mo
18. (a) Signature of funeral director Church - Archer
(b) Address Liberty Mo
19. (a) Oct 17-44 (b) Delbert Early
(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 Glenn W. Henderson (M. D. or other) _____
Address Liberty Mo Date signed 10/13/44

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 11-8-44

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, fact should be so stated above.