

FILED FEB 13 1945
Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME

Laura C Archer

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex

5. Color or
race W

6. (a) Single, widowed, married,
divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive years

7. Birth date of deceased

Mar 6 - 1876
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

68

10

10

hr. min.

9. Birthplace

Liago Co Penn
(City, town, or county) (State or foreign country)

10. Usual occupation

House wife

11. Industry or business

MOTHER FATHER

12. Name

Don't know

13. Birthplace

" "
(City, town, or county) (State or foreign country)

14. Maiden name

" "
(City, town, or county) (State or foreign country)

15. Birthplace

" "
(City, town, or county) (State or foreign country)

16. (a) Informant

M Archer

(b) Address

Macon Mo

17. (a)

burial
(Burial, cremation, or removal)

(b) Date thereof 1/6/45
(Month) (Day) (Year)

(c) Place: burial or cremation

Woodlawn Cem
Adel S. Klemm

18. (a) Signature of funeral director

Adel S. Klemm

(b) Address

Macon Mo

19. (a)

2/11/45
(Date received local registrar)

(b) Jora B. Kunkler
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County macon
(c) City or town macon
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1945 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 14
1945 to Jan 16 1945
that I last saw her alive on Jan 14
and that death occurred on the date and hour stated above.

Immediate cause of death

Emphysema Acute

Duration

See you

Due to

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 sta-
tistically.

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

Laura C Archer

(M. D. or other)

Address

Macon Mo

Date signed

1/19/45

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

1037

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Dist. Health Officer No. 0

Digitized File Number 2-45-254

Date Filed FEB 11 1949

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 *Robert S. Keenan*

Licensed Embalmer No. 75-1

P. O. Address *Macon, 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..