

FILED APR 3 1945
Registration District No. 378

Primary Registration District No. 4552

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mountain Grove
(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 _____ (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Mountain Grove 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1945 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-24- 1945, to 2-28- 1945;
that I last saw him alive on 2-28- 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____
Due to 94a

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

Major findings:
Of operations _____
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 R. W. Flinn (M. D. or other) _____
Address W. M. Lane Date signed 3-1-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME James Ralph Archer

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Arizona Archer 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 18 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Wholesale Grocery (Retired)

11. Industry or business _____

12. Name James Archer

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

14. Maiden name Elizabeth Clayton

15. Birthplace Manchester England
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph G. Archer Jr

(b) Address Mountain Grove Mo

17. (a) Burial (b) Date thereof 3/2/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Crest Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Mountain Grove Mo

19. (a) 3-26-45 (b) H. M. Lower
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 6.

District File Number 445-392

Date Filed APR 2 1945

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 Burgess Stapp

Licensed Embalmer No. 3161

P. O. Address 1111 1/2 1st St. N. W.

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.