

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 12 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24914**

Registration District No. **243**

Primary Registration District No. **3047**

Registrar's No. **70**

1. PLACE OF DEATH:

(a) County **Newton**  
(b) City or town **Neosho**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Sale Memorial O**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days** (Specify whether)  
In this community **50 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton** **73**  
(c) City or town **Seneca** **4**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) **0**  
(e) Citizen of foreign country? **NO** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Corbley Corwin Archart**

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

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Wid**  
6. (b) Name of husband or wife **Mary Ellen** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 14 1869**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **0** Days **19** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Knox Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Sum Archart** **9**  
13. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Emily Mann**  
15. Birthplace **Unknown** **7**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Oscar Archart**  
(b) Address **Seneca Mo**

17. (a) **Burial** (b) Date thereof **Aug 5 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Swans Prairie Bapt. Ch.**

18. (a) Signature of funeral director **W. E. Adkins**  
(b) Address **Seneca Mo**

19. (a) **Aug 4 1947** (b) **McBain C. Borman**  
(Date received local registrar) (Registrar's signature) **32**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG** day **3**  
year **1947** hour **4:45** minute **A. M.**

21. I hereby certify that I attended the deceased from **1 AUG 1947** to **3 AUG 1947** 19 **47**  
that I last saw him alive on **3 AUG 1947** 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **PNEUMONIA - BRONCHO** **7 DAYS**  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **ARTERIOSCLEROSIS -**  
(Include pregnancy within 3 months of death)

Major findings: **10**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) ( ) Means of injury **0**

23. Signature **R. J. Taylor** (M. D. or other) **MD**  
Address **Neosho Mo** Date signed **3 Aug 47**

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

73  
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RECEIVED

District Health Officer No. Newton  
District File Number 847-154  
Date Filed 8-11-47

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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 W. E. Biddlecome  
Licensed Embalmer No. 7174  
P. O. Address Seneca 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.