

3. No. 2
-1/47
5-17-39

FILED JUN 21 1948
Registration District No. **101**

Primary Registration District No. **5409**

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

1. PLACE OF DEATH:

(a) County **Douglas**

(b) City or town **Ava, Rural, Miller**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Douglas** **34**

(c) City or town **Ava, Rural**
= (If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Robert A. Archer**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male** () 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Luvania Archer**

6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **March 3, 1872**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14**
year **1948** hour **8** minute **A.** M.

21. I hereby certify that I attended the deceased from **Dec-1947**
~~May~~ 19 **May 12** to **May 12** 19 **48**
that I last saw him alive on **May 12** 19 **48**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	76	2	11	_____ hr. _____ min.

Immediate cause of death **Cerebral Hemorrhage**
Hypertension

Due to _____

Due to _____

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

9. Birthplace **Knox County, Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER

12. Name **W. H. Archer**

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

14. Maiden name **Persella Archer**

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

Major findings: Of operations **gsw**

Of autopsy

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

16. (a) Informant **Robert A. Archer**

(b) Address **Mansfield mo #2**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **5-16-48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Prairie Hollow**

18. (a) Signature of funeral director **Clinkingbeard Funeral Home**

(b) Address **Ava, Missouri**

19. (a) **June 8-48**
(Date received local registrar)

(b) **Uestel Bushy**
(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? _____ (Specify type of place) **2**
While at work? _____ (e) Means of injury _____

23. Signature **W. A. Finnegan** (M. D. or other) **DO**

Address **Mansfield mo** Date signed **5/19/48**

RECEIVED

District Health Officer No. 61

District File Number 648-723

Date Filed JUN 18 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 _____

Licensed Embalmer No. 3431

P. O. Address _____

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.