No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 10 1948
Registration District No. 280

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3041

State File No. 26977
Registrar's No. 372

1
3
2

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

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 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon
(c) City or town Macon 61
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2 0
If yes, name country

3. (a) PRINT FULL NAME Emma Archer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 5 (Day) 1861 (Year)

8. AGE: Years 86 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business John Brooks
FATHER
12. Name W.K.
13. Birthplace Nancy Master (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ohio
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Alva Archer
(b) Address Macon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion Redman
18. (a) Signature of funeral director Stephens & Goodding Mo
(b) Address Macon Mo
19. (a) Aug 30 1948 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1948 hour 4 minute 00 A M.
21. I hereby certify that I attended the deceased from 5/1/48, 19 to 7/16, 1948
that I last saw her alive on 7/16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to Internal Hemmorrhage
Due to Cancer of Gall Bladder
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C D Edwards (M. D. or other) DO
Address Macon Mo. Date signed 7/19/48

Jefferson City Printing Co. 1 0 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-48-159
Date Filed SEP 9 1948

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 C. L. Stephens

Licensed Embalmer No. 3057

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.