

17-39
I 3905

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Week**
(Specify whether years, months or days) **55 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **7433 Penn**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME **WILLIAM LEE ARCHER**

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

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

6. (b) Name of husband or wife **Gertrude Archer** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Aug 30 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 2 12 hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Motor Car Dealer**

11. Industry or business

12. Name **William B Archer**

13. Birthplace **Montgomery Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Alice Farmer**

15. Birthplace **Patoka Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Gertrude P Archer**
(b) Address **7433 Penn**

17. (a) **Burial** (b) Date thereof **11/15/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Washington Cemetery**

18. (a) Signature of funeral director **Durk & Tobin Co**
(b) Address **20 West Linwood**

19. (a) **11-13-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** th day **November**
year **1948** hour **4:15** minute **P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Failure** Duration **1 hr.**
carcinoma of Prostate **14 hr.**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **51 K**

Major findings:
Of operations _____
Of autopsy **See Above**

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? _____
(d) Did injury occur in or about a motorized farm, in industrial place, in public place?
A. E. Upsher Pathologist
While at work? **A. E. Upsher** Means of injury **ms**
23. Signature **A. E. Upsher** (M. D. or other) **ms**
Address **2800 main** Date signed **11/15/48**

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

MOTHER FATHER

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, ~~62-87~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Howard W. Farmer.....

Licensed Embalmer No. 4134.....

P. O. Address Kansas City, 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.