

STANDARD CERTIFICATE OF DEATH

State File No.

42910

National Office of Vital Statistics

FILED MAR 15 1949

Registration District No. 174

Primary Registration District No. 3032

Registrar's No.

66

1. PLACE OF DEATH:

(a) County LAFAYETTE
 (b) City or town LEXINGTON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
FRANKLIN AVE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 10 yrs
 years, months or days

3. (a) PRINT FULL NAME ELMO MURRAY ARCHER

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 15 1885
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 6 12 hr. min.

9. Birthplace CLAY CO. MO. (City, town, or county) (State or foreign country)

10. Usual occupation MERCHANDISE

11. Industry or business

12. Name ALDO ARCHER
 13. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)
 14. Maiden name NOT KNOWN
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant MRS. VERLIN SCHLOMAN

(b) Address H. G. GINSVILLE MO.

17. (a) BURIAL (b) Date thereof Oct 29, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation LEXINGTON, MO.

18. (a) Signature of funeral director FORREST E. STEIN

(b) Address LEXINGTON, MO.

19. (a) Oct 27/48 (b) Registrar's signature (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE
 (c) City or town LEXINGTON 54
 (If outside city or town limits, write "RURAL")
 (d) Street No. FRANKLIN AVE 3
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
 year 1948 hour 6 minute 00 A.M.
 21. I hereby certify that I attended the deceased from 1946
 _____, 19____, to Oct 27, 19____
 that I last saw him alive on Oct 26, 19____
 and that death occurred on the date and hour stated above
 Immediate cause of death Coronary Thrombosis Duration _____

Due to _____

Due to _____

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 Ben H. Brosh (M. D. or other) _____

Address Lexington, Mo. Date signed 10/27/48

Number
RECEIVED
District Health Officer No. 8.
District File Number
Filed 3-7-49

Pro

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.....
Sam M. Keane

Licensed Embalmer No. 29839

P. O. Address Lexington, Va

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.