

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15719

2086

| | | | | | | | | | |
|---|--|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>3 Wks.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3604 Montgall Ave.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3604 Montgall, Ave.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Irvin</u> | | b. (Middle) _____ | | c. (Last) <u>Archer</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 1949</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Nov. 11 1880</u> | | | |
| 9. AGE (In years last birthday) <u>68</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>"</u> | | 9. AGE (In years last birthday) <u>68</u> | | | |
| 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | | 13a. FATHER'S NAME <u>John Archer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Crockett</u> | | | |
| 14. NAME OF HUSBAND OR WIFE <u>Elizabeth Conley Archer</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>"</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Archer</u> ADDRESS <u>Kansas City Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aneurysm Aorta</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yr.</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | | |
| 22. I hereby certify that I attended the deceased from <u>March 1937</u> to <u>May 11, 1949</u> , that I last saw the deceased alive on <u>May 10, 1949</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Glenn W. Hendren</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>Mo. Liberty, Mo.</u> | | 23c. DATE SIGNED <u>May 11, 1949</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u> | | 24b. DATE <u>May 13-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u> | | 24d. LOCATION (City, town, or county) (State) <u>Liberty MO.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>5-13-49</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Orchard Co. Liberty Mo.</u> ADDRESS _____ | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

48
34

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

John Sanborn

Signed.....
Student Embalmer

Licensed Embalmer No. 4448

P. O. Address Liberty 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.