

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33559**

**FILED NOV 8 1945**

Registration District No. **31**

Primary Registration District No. **3014**

Registrar's No. **119**

1. PLACE OF DEATH:

(a) County **Clay**  
(b) City or town **Liberty**  
(c) Name of hospital or institution:  
**331 S. Main St. at his home!**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **all his life**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

**ARTHUR PRINCE**

3. (b) If veteran, name war **none**

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

4. Sex **Male**  
5. Color or race **Negro**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Maggie Prince**  
6. (c) Age of husband or wife if alive **50** years  
7. Birth date of deceased **Sept 23 1892**  
(Month) (Day) (Year)

8. AGE: Years **53** Months **1** Days **7**  
If less than one day hr. min.

9. Birthplace **near Liberty Mo. 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Labourer**

11. Industry or business

12. Name **Elmer Prince**  
13. Birthplace **Clay Co. Mo. 11**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lucy Monroe**  
15. Birthplace **Clay Co. Mo. 11**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Maggie Prince**  
(b) Address **331 S. Main St. Liberty Mo.**

17. (a) **Buried** (b) Date thereof **Nov. 2 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **farview, Liberty Mo.**

18. (a) Signature of funeral director **Chas. H. Archer Co.**  
(b) Address **Liberty Mo.**

19. (a) **Nov. 2 1945** (b) **Minnie Haynes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay**  
(c) City or town **Liberty**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **331 S. Main St**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **30**  
year **1945** hour **2** minute **-** P.M.

21. I hereby certify that I attended the deceased from **Chas. H. Archer Co.**  
that I last saw him alive on **Oct. 30 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Accidental suffocation from fire & oil stove explosion in home**  
Due to **2nd Burns on face**  
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **Accident**  
Of operations  
Of autopsy **18115**  
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) **Accident**  
(b) Date of occurrence **Oct 30 1945**  
(c) Where did injury occur? **Liberty Clay Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home**

(Specify type of place) While at work? **no** (e) Means of injury **3rd Burns**

23. Signature **John M. Mott** (M.D. or other)  
Address **Chas. H. Archer Co.** Date signed **10/30/45**

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 11-6-45

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 \_\_\_\_\_

*Edgar Archer*

Licensed Embalmer No. 3311

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.