

JUN 10 1940
Registration District No. 85

Primary Registration District No. 1001

State File No. _____
Registrar's No. 502

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Flanagan Nursing Home-2018 Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days 2
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 914 North 6th.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Eli Archer 626
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife. XXXXXXXX 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 11 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Putman County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cheerio Vender 0

11. Industry or business Ice Cream. 9

MOTHER FATHER { 12. Name Unknown 9
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Albert McDaniels
(b) Address 914 N. 6th Str. St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery.

18. (a) Signature of funeral director Amurath S. Sidiquladw.
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) May 4 1940 (b) A. J. Neatle
(Date received local registrar) (Registrar's signature) sa

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1940 hour 7 minute 00 A. M.
21. I hereby certify that I attended the deceased from April 10, 1940, to April 13, 1940;
that I last saw him in alive on April 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
1) Carcinoma (probably) intraperitoneal colon
2) Sepsis
3) Partial intestinal obstruction
Other conditions (Include pregnancy within 3 months of death) 46

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? 85

23. Signature Wm B. R. [Signature] (M. D. or other) MD
Address Kennett, Mo. Date signed 5-5-40

Duration ?
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Albert L. Harrington

Licensed Embalmer No. 5258.

P. O. Address. St. Joseph, 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, above space should be left blank.