

FILED JAN 21 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5440

State File No. 41874

Registrar's No. 1008

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield Rural of Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MEDICAL CENTER FOR FEDERAL PRISONERS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months & 7 Days
(Specify whether years, months or days)
In this community 2 Months & 7 Days

2. USUAL RESIDENCE OF DECEASED:

(b) State Illinois (b) County Cook
(c) City or town Chicago
(If outside city or town limits, write "RURAL")
(d) Street No. 4344 Evans Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARCHER, James 3360-H

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased. June 24th, 1904
(Month) (Day) (Year)

8. AGE: Years 37 Months 6 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Jesse Archer

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Deceased

(b) Address Med. Center for Fed. Prisoners

17. (a) Burial (b) Date thereof Jan 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director _____

(b) Address Spfld, Mo.

19. (a) 12-31-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th.
year 1941 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from October 22nd, 1941 to December 28th, 1941
that I last saw him alive on December 28th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. (23). Tuberculosis of the respiratory system.

Due to Pneothorax, left side of chest.

Due to _____

Other conditions 13 ft
(Include pregnancy within 3 months of death)

Major findings: Of operations Aspiration of thorax, left side.

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 0

Signature E. A. Carberry (M. D. or other)

Address E. A. Carberry, Surgeon Date signed 12-30-41

Medical Director.

Duration of admission.

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..... *R. H. Truitt*.....

Licensed Embalmer No... *3681*.....

P. O. Address... *Spfld, 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.