

FILED APR 15 1942

Registration District No. 178

Primary Registration District No. 3020

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
708 Walnut St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 708 Walnut St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred Walter Archer

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 Married

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

7. Birth date of deceased May 13 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 9 28 ..hr.min.

9. Birthplace Newton Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

MOTHER FATHER
12. Name A S Archer
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Emaly C Jones
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Minnie Archer

(b) Address 708 Walnut St Carthage Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Sarcovie Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) March 13, 1942 (Date received local Registrar) (b) Elizabeth Coupton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1942 hour 1:30 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 10
1942 to March 11 1942
that I last saw him alive on March 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo Carditis
Duration

Due to Chronic Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131R

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 T. G. Baker (M. D. or other) M.D.
Address Carthage Mo Date signed 3-13-42

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

149
1
3

42.2.317

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

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 *John D. Batchelder*
Licensed Embalmer No. *4153*
P. O. Address *Carthage, 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.