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ev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 7 1942  
1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4351

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6632 Virginia Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 6632 Virginia Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Zetta Belle Archer

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21st  
year 1942 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband Joseph D. Archer

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 22 1885  
(Month) (Day) (Year)

Immediate cause of death:  
Coronary sclerosis -  
Chronic hyperlipidemia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions:  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

57 7 29 30 hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name John K. Julian

13. Birthplace Henry County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Judd

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

16. (a) Informant John K. Julian

(b) Address 7117 1/2 road

17. (a) Burial (b) Date thereof Nov. 27, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Memorial Park Cemetery

18. (a) Signature of funeral director W. H. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-24-42 (b) Dr. M. Brown  
(Data received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy see above

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)

(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) (a) Means of injury

23. Signature Dr. M. Brown (M.D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 11/24/42

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

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**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.....

*C. Hervey Quisenberry*

Licensed Embalmer No.....

*4970*

P. O. Address.....

*A C 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.**