S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25840

FILED AUG 11 1943

Registration District No. 4 Primary Registration District No. 3056 Registrar's No. 155

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wabash Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Half Hour (Specify whether
In this community 21 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly (If outside city or town limits, write "RURAL")
(d) Street No. 1226 Myra (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROLAND ELY ARCHER
3. (b) If veteran, name war None
3. (c) Social Security No. 702-05-9267
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ora Archer
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased September (Month) -6- (Day) 1886 (Year)

8. AGE: Years 56 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Carrollton (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Car inspector
11. Industry or business Wabash Railroad
FATHER
12. Name William Archer
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Ora Archer
(b) Address 1226 Myra St. Moberly, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) -21- (Day) 1943 (Year)
(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Mo.
19. (a) 7-20-43 (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th year 1943 hour 10 minute 50 P.M.
21. I hereby certify that I attended the deceased from July 16th 43 10:30 P.M., 1943, to July 16th 43 10:50 P.M. that I last saw him alive on July 16th, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to coronary sclerosis
Due to
Other conditions none (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy

Duration

PHYSICIAN
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) no
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Erich Haendler M.D. (M. D. or other)
Address Wabash Hospital Moberly Mo Date signed July 19 43

1034

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1948

NOV 3 1943

AUG 17 1943

RECEIVED
District Health Officer No. 10
District File Number 8-43-1309
Date Filed AUG 10 1943

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. M. Cater

Licensed Embalmer No. H117

P. O. Address Moberly 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.