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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1944

Registration District No. 124

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10953

Primary Registration District No. 5452

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Ash Grove Mo Rl Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Boone township
(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 2 years.

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene

(c) City or town Ash Grove Missouri Rl
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Boone township
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Noah A. Arch

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Wife Ida McClelland

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March (Month) 17 (Day) 1869 (Year)

8. AGE: Years 75 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Mediapolis (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General farming

MOTHER FATHER

12. Name I. H. Arch

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

14. Maiden name Sarah Miller

15. Birthplace New York (City, town, or county) New York (State or foreign country)

16. (a) Informant Mrs. Ida Arch

(b) Address Ash Grove Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery Springfield Mo.

18. (a) Signature of funeral director Jesse A. Brim

(b) Address Walnut Grove Mo.

19. (a) 3-15-44 (Date received local registrar) (b) J W Birch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1944 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from March 10 at 11th 1944, to ____ 1944, that I last saw him alive on March 11 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1 week
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

GHA

Major findings:
Of operations none done
Of autopsy none held

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)

(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 0

23. Signature Charles H. McTaffie (M. D. or other) M.D.

Address Ash Grove Mo. Date signed 3-15-44

1254

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 44-4-34
Date Filed 4-10-44

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 J W Birch

Licensed Embalmer No. 3856

P. O. Address Ash Grove 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.