

FILED AUG 15 1944

State File No. _____

Registration District No. 234

Primary Registration District No. 4349

Registrar's No. 13

1. PLACE OF DEATH:

(a) County MORGAN
(b) City or town STOVER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BENTON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 16 MI SW OF STOVER
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HERBERT PHILIP ARCHER

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased APRIL 7 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 29 hr. min.

9. Birthplace BENTON CO. MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name GRANT ARCHER
13. Birthplace BENTON CO. MO
(City, town, or county) (State or foreign country)

{ 14. Maiden name CLARA SCAMAN
15. Birthplace KANSAS CITY MO
(City, town, or county) (State or foreign country)

16. (a) Informant GRANT ARCHER
(b) Address STOVER MO

17. (a) BURIAL (b) Date thereof JULY 7 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BRYSAV CEMETERY

18. (a) Signature of funeral director Rapp, Stover, Mo.
(b) Address _____

19. (a) July 15 44 (b) Henry Rapp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

10. DATE OF DEATH: Month July day 6 year 1944 hour 8 minute 25 P. M.

21. I hereby certify that I attended the deceased from July 6 1944 to July 6 1944 that I last saw him alive on July 6 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death marasmus
Due to unknown cause

Other conditions (include pregnancy within 3 months of death) 158

Major findings: Of operations _____
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) (c) Means of injury _____

23. Signature A. J. [unclear] (M. D. or other) _____
Address Stover Mo Date signed 7-7-44

Duration _____
Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7
District File Number 7-44-968
Filed 8-14-44

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.....

not embalmed

Registered Apprentice No.

working under my personal supervision.

Signed *J. L. Stevenson*.....

Licensed Embalmer No. *4073*.....

P. O. Address *Stover 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.