

Registration District No. 35

Primary Registration District No. 3011

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Carroll
 (b) City or town Carrollton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Atwood's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
 (Specify whether
 In this community Entire Life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
 (c) City or town Carrollton
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN Q. ARCHIBALD

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Greene Davidson 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 15 1883
 (Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Carroll Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Head Herdman

11. Industry or business Mo State School

12. Name Thos. Archibald

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

14. Maiden name Eliza Ann Williams

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

16. (a) Informant Mrs. Marie Norris

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 2-6-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley Gibson

(b) Address Carrollton Mo

19. (a) 2/6/48 (b) Mo. Herbert Calver
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 4
 year 1948 hour 3 minute 00 P.M.
 21. I hereby certify that I attended the deceased from 1-12-48
 to 2-4, 1948
 that I last saw him alive on 2-3-48, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Aneurysm of Aorta, Rupture

Due to _____

Due to _____

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

Major findings: Of operations: _____

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) _____

(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 W.S. Atwood (M. D. or other) _____

Address Carrollton Mo Date signed 2/6/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-19-48

MS
SEP 19 1960

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.