

No. 2
12-45
17-39
7070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18525

FILED MAY 24 1948

Registrar's No. 22

Registration District No. 378

Primary Registration District No. 4553

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mountain Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 68 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Mountain Grove 100
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Arizona Prophet Archer

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ralph archer 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased august 16 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 7 4 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name William I. Prophet
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Brower
15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel Myers
(b) Address Mountain Grove, Missouri

17. (a) Burial (b) Date thereof 3/22/1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hill-Crest cemetery

18. (a) Signature of funeral director George Stoff
(b) Address Mountain Grove, Missouri

19. (a) 5-4-48 (b) A. G. Amer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
year 1948 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb. 28, 1948, to Mar. 20, 1948
that I last saw him alive on Mar. 20, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

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)
(e) Means of injury.....

23. Signature A. G. Amer M.D. or other
Address Mountain Grove, Mo. Date signed 3/21/48

Duration
PHYSICIAN
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. 6

District File Number 548-610

Date Filed MAY 20 1948

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 George Stopp

Licensed Embalmer No. 3161

P. O. Address Whe. Gray

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.