

FILED JAN 10 1949

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1420

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Immo., 7 days
(Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 703 North 4th, St. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME James M. Archer

3. (b) If veteran, name war World War 1 3. (c) Social Security No. ?

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ethel 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased October 3 1894
(Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 24 If less than one day hr. _____ min.

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

10. Usual occupation Barber - self

11. Industry or business 1118 No. 6th

MOTHER FATHER { 12. Name John Archer /
13. Birthplace unk Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Linda Stephens
15. Birthplace Kirksville, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Archer

(b) Address 703 No. 4th-St. Joseph, Mo.

17. (a) Removal (b) Date thereof 12-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirksville, Mo.

18. (a) Signature of funeral director Stoney Hamera Hama

(b) Address St. Joseph, Mo.

19. (a) 1-5-49 (b) H. C. Jenkins
(Date received local registrar) (Registrar's signature) SR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1948 hour 6 minute 50 a.m.

21. I hereby certify that I attended the deceased from Nov. 20, 1948 to Dec. 27, 1948.
that I last saw him alive on Dec. 26, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - metastatic bronchogenic of lung
Due to Carcinoma bronchogenic of lung
Due to _____

Other conditions HTD
(Include pregnancy within 3 months of death)

Major findings: Of operations Bronchogenic Ca lung & metastases to mediastinal lymph nodes
Of autopsy none

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 S. T. Bloomer (M. D. or other) M. D.
Address 1718 N. 39th St. Joseph Date signed 12/28/48

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 *Charles M. Horn*

Licensed Embalmer No. *4487*

P. O. Address *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.