

MAY 7 1940
Registration District No. **417**

Primary Registration District No. **3021**

Registrar's No. **52**

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
516 N. TOM
(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

8. (a) PRINT FULL NAME Mary Violet Silvers
8. (b) If veteran, name war _____
8. (c) Social Security No. 116

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Orville Silvers 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased June 25 1916
(Month) (Day) (Year)

8. AGE: Years 23 Months 9 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business 0

MOTHER FATHER
12. Name Thomas Water
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Walter Schrage
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Orville Silvers

(b) Address 516 N. Tom Webb City

17. (a) Burial (b) Date thereof April 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Webb City
(b) Address Webb City Mo 377

19. (a) APR 16 40 (b) P. L. Fitch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 516 N. Tom
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1940 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from Apr 15 1940 to Apr 15 1940
that I last saw her alive on April 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions 178
(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 P. M. Stornow (M. D. or other) _____

Address Webb City Mo Date signed 4/16/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

40-5-21.

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 Myself,
....., Registered Apprentice No.

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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, above space should be left blank.