S. No. 2
-4-13-40
5-17-39
PI X23159

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

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4481

Registration District No. 796 Primary Registration District No. 6039 Registrar's No. 22

97
0
0

1. PLACE OF DEATH:
(a) County Saline Rural
(b) City or town Marshall Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saline County Home 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: '97
(a) State Missouri (b) County Saline 0
(c) City or town Marshall - Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Saline Co. Home
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Silas Way
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 0
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Birth date of deceased No record (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	86	✓	✓	hr. min.

9. Birthplace No Record 9 (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business ✓
FATHER
12. Name No Record
13. Birthplace No Record 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No Record
15. Birthplace No Record 9 (City, town, or county) (State or foreign country)
16. (a) Informant Records at Saline Co. Home
(b) Address Marshall Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Saline Co. Home
18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall Mo
19. (a) 1-28-41 (Date received local registrar) (b) Mary Kent Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26th
year 1941 hour 6 minute h M.

21. I hereby certify that I attended the deceased from Nov 10, 1940 to Jan 26, 1941;
that I last saw him alive on Jan 21, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Myocarditis c	2
Due to decompensation	
Due to	2
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? 710 (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) D
Address Marshall, Mo Date signed 1-27-

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 2-12-47

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 R W Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall, Mo

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

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