JUL 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21911

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Johns Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community All life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No. 411 Highland (If rural, give location) 5

(e) Citizen of foreign country? No - O (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Arthur S. Siler.

3. (b) If veteran, name war —

3. (c) Social Security No. 499-05-4731

4. Sex Male (1)

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eleeta

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July (Month) 27 (Day) 1888 (Year)

8. AGE: Years 57 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Well city (City, town, or county) O Mo- (State or foreign country)

10. Usual occupation Building Contractor

11. Industry or business

MOTHER FATHER

12. Name Alvis Frank Siler

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

14. Maiden name Anna Struasel

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

16. (a) Informant Mrs Eleeta Siler.

(b) Address 411 Highland - Joplin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-41 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Thornhill-Dillon Mortuary

(b) Address Joplin Mo. 272

19. (a) 7-3-41 (Date received by local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1941 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 19.. 1941 to June 30 1941 that I last saw him alive on June 30 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	3 Days.
Due to: Diabetes	1 year
Due to:	
Other conditions (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? (Specify type of place) While at work? (e) Means of injury

23. Signature Dr A. W. Sears (M. D. or other)

Address Webb City, Mo Date signed 7-1-41

(Licensed Embalmer's Statement on Reverse Side)

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

41-7-624

MAY 13 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.....Don Tetrick

Licensed Embalmer No.....4008

P. O. Address.....Joplin 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.