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

FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21918

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 52

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Jane Chinn Co Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Oronogo 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. R#1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME May Silvey

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 Married

6. (b) Name of husband or wife Walter Silvey

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan (Month) 20 (Day) 1884 (Year)

8. AGE: Years 57 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Jasper Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Scott
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Walter Silvey

(b) Address R#1 Oronogo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 17 (Day) 1941 (Year)

(c) Place: burial or cremation Weaver Cem

18. (a) Signature of funeral director Webb City Und Co

(b) Address Webb City, Mo

19. (a) JUNE 16; 41 (Date received local registrar) (b) P. L. Pritchett M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1941 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from June 10, 1941, to June 15, 1941; that I last saw her alive on June 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis

Due to Gangrenous Appendix

Due to

Other conditions (Include pregnancy within 3 months of death) 1211

Major findings: Of operations Appendectomy

Of autopsy

Duration

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? 377 (Specify type of place)

While at work? — (e) Means of injury —

23. Signature B. A. Dumbauld (M. D. or [illegible]) O

Address Webb City, Mo Date signed 6/16/41

(Licensed Embalmer's Statement on Reverse Side)

41-7-580

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 wi the above constitutes grounds for revocation of license.)

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