

Registration District No. 561Primary Registration District No. 4330

State File No. _____

Registrar's No. 29

1. PLACE OF DEATH:

- (a) County Miller
 (b) City or town Eldon
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(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 Silas Wakeman Talbott8. (a) PRINT FULL NAME S. B. Talbott

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased Oct 3 1871
(Month) (Day) (Year)8. AGE: Years 69 Months 8 Days 5 If less than one day _____ hr. _____ min.9. Birthplace Urbana, Mo. _____
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

- MOTHER FATHER
 { 12. Name Harrison P. Talbott
 { 13. Birthplace Wisconsin _____
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Helena B. Brooks
 { 15. Birthplace Penn. _____
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Etta P. Willson(b) Address Eldon Mo.17. (a) Versailles Mo. (b) Date thereof June 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Versailles Mo.18. (a) Signature of funeral director W. F. Kidwell(b) Address Versailles Mo.19. (a) 6-9-1941 (b) Bella Haynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Miller
 (c) City or town Eldon
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year _____ hour 7 P.M. minute _____ M.21. I hereby certify that I attended the deceased from Shabazz
8 1941 to June 8 1941;
that I last saw him alive on June 8 1941;
and that death occurred on the date and hour stated above.Immediate cause of death uremia

Duration

Due to cirrhosis of liver 10 hrsDue to chronic nephritis ?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?
495 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature E. L. Shelton (M. D. or other) _____
Address _____ Date signed _____

RECEIVED

Miller County Health Dept.

County File Number 41-81

Date Filed 7/15/41

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 J. F. Kennell

Licensed Embalmer No. 1596

P. O. Address Assemblers M.C.

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.