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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Delzell 25091

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 552

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 810 S. Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether
In this community 27 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 039

(a) State Missouri (b) County Greene 2

(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")

(d) Street No. 810 S. Jefferson
(If rural, give location)

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

3. (a) PRINT FULL NAME Jesse A. Silvius

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Edna Silvius

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb. (Month) 25 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 71	4	12	hr. min.

9. Birthplace Dandidge (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Retired

11. Industry or business Miller

FATHER
12. Name William A. Silvius 83a
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Eliza Crouch
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Mrs. Edna Silvius
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Turney, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 7-10-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

164 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1941 hour 1 minute a. M.

21. I hereby certify that I attended the deceased from July 1, 1941, to July 1, 1941;
that I last saw him alive on July 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Patient died in his sleep presumably

Due to Cerebral Hemorrhage. Coronor called. No

Due to Inquest. No autopsy Patient suffered arterial tension for several years.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 83a

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

23. Signature [signature] (M. D. or other) D
Address Springfield Mo Date signed July 7/41

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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, fact should be so stated above.