

FILED FEB 13 1942

Registration District No. 348

Primary Registration District No. 2001

Registrar's No. 46

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: 706 S. Nettleton City
(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:

(a) State Missouri (b) County Greene
(c) City or town Springfield Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. 706 S. Nettleton (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James m Silvey

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June 22 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 26
If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business None

12. Name Wash Silvey

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

14. Maiden name Jane Danner

15. Birthplace Unknown Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Silvey

(b) Address 706 S. Nettleton

17. (a) Burial (b) Date thereof 1-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Silvey Family Cemetery

18. (a) Signature of funeral director Duane Burdette

(b) Address 629 W. Walnut

19. (a) 1-20-42 (b) B. W. S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1942 hour 9:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Duane Funeral Home 1-18-1942

that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Senility and Paralysis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 162 lb

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? _____

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

23. Signature Dr. Duane Acting Comm

Address 227 E. Olive St Date signed 1/20/42

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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 Lawrence S. Hall
Licensed Embalmer No. 2784
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.