

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14106
Registrar's No. 72

FILED APR 22 1944

Primary Registration District No. 3026

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wilhite Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Months
In this community 9 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MINNIE SILVEY
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edgar Silvey
6. (c) Age of husband or wife if alive 9 - 1 - 1867 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 15
If less than one day hr. min.

9. Birthplace Jefferson City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name C.B. Maus
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Blockberger
15. Birthplace Cole County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant C.J. Maus
(b) Address Jefferson City, Missouri.
17. (a) Removal (b) Date thereof 3-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fayette, Mo.

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.
19. (a) 3-18-1944 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Fayette
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 16
year 1944 hour 8:00 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 24 - 1944
that I last saw him alive on Feb. 24 - 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial Infarction
Duration Do not know

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 93rd
Major findings: Of operations None
Of autopsy None
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) No
(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? No (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 3-18-44

1250

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-20-44

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

.....
Signed *[Handwritten Signature]*

.....
Licensed Embalmer No. 24132

.....
P. O. Address Baltimore, Md.

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.