V. S. No. 2
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ed. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21424

FILED JUN 27 1944

Registration District No. 77 — Primary Registration District No. 3016 — Registrar's No. 139

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 41 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole
(c) City or town: Jefferson City (If outside city or town limits, write "RURAL")
(d) Street No.: 710 Monroe Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No): No
If yes, name country:

3. (a) PRINT FULL NAME: Ralph E. Silvey
3. (b) If veteran, name war:
3. (c) Social Security No. 712-16-0161
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Elva Silvey
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: Feb---17-- (Month) (Day) 1902 (Year)

8. AGE: Years	Months	Days	If less than one day
42	4	2	hr. min.

9. Birthplace: Morgan County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Depot Express Clerk
11. Industry or business:
MOTHER FATHER
12. Name: John H. Silvey
13. Birthplace: Morgan County, Mo. (City, town, or county) (State or foreign country)
14. Maiden name: Ellis Merriot
15. Birthplace: Morgan County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Elva Silvey
(b) Address: Jefferson City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June-21-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: River View Cemetery
18. (a) Signature of funeral director: Roy G. Gordon
(b) Address: Jefferson City, Missouri
19. (a) 6-19-44 (Date received local registrar) (b) Charles Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1944 hour 10 minute a M.
21. I hereby certify that I attended the deceased from June 19, 1944 to June 19, 1944 that I last saw him alive on June 19, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to: Essential Hypertension
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 83a'
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:
(c) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
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: Edw Hauser (M. D. or other)
Address: Jefferson City Mo. Date signed 6-20-44

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(Licensed Embalmer's Statement on Reverse Side)

JUL 5 1944

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 6-20-44

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Ford P Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.