

No. 2  
-5-43  
-17-39  
X36671

Registration District No. 14/845

Primary Registration District No. 10.02

Registrar's No. 498

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: K.C. GENERAL HOSPITAL No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 HOURS  
(Specify whether years, months or days)

In this community 8 1/2 YEARS

3. (a) PRINT FULL NAME MR. WAYNE WALTER SILVIUS

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. 491-03-7473

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. EDNA SILVIUS

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased AUGUST 20 1898  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>5</u>	<u>9</u>	hr. min.

9. Birthplace CAMERON MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FURNITURE BUYER

11. Industry or business JENKINS MUSIC COMPANY

12. Name WALTER W. SILVIUS

13. Birthplace UNKNOWN TENNESSEE  
(City, town, or county) (State or foreign country)

14. Maiden name ANETTE WILLIAMS

15. Birthplace TURNERY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Silvius

(b) Address 5217 Brookwood

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof FEB 1 1945  
(Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director W. H. Newcomer

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 1-31-45 (Date received local registrar)

(b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 5217 BROOKWOOD  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 29<sup>TH</sup>  
year 1945 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to \_\_\_\_\_

Other conditions 830  
(Include pregnancy within 3 months of death)

Major findings: History of Hypertension

Of operations \_\_\_\_\_

Of autopsy no

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)

(c) Means of injury 3rd floor

23. Signature J. Brown (M. D. or other)

Address 1824 paper ply Date signed 1-30-45

---

---

**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

*A. H. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address *A. C. No.*

**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.**