S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4868

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5879

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1026

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: General Hospital 0
(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: 45 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 208 West 34th Street 6
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ROBERT FLOYD SILCOTT
3. (b) If veteran, name war: World War 1
3. (c) Social Security No. 496-01-6648
4. Sex: Male 0
5. Color or race: white 1
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dorothy L. Silcott
6. (c) Age of husband or wife if alive: 36 years
7. Birth date of deceased: September (Month) 24th (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
53	5	4	hr. min.

9. Birthplace: Indianola (City, town, or county) Iowa 1 (State or foreign country)
10. Usual occupation: Cattle Salesman
11. Industry or business: Ed. N. Olsson Live Stock Com. Co.
FATHER
12. Name: George E. Silcott
13. Birthplace: Kansas 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sara Rose Martin
15. Birthplace: Iowa 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Dorothy L. Silcott
(b) Address: 208 West 34th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 / 2 / 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Moriah Cemetery
18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd Street
19. (a) 3-1-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th. year 1946 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from Autopsy 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Fatal hemorrhage from left lung — Duration
Due to: Rupture of aortic aneurysm with rest. lung
Due to: Chronic aortitis Syphilitic
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: 30 2
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature: Trevor H. Butler (M. D. or other)
Address: General Hospital Date signed 2-28-46

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1946

MAR 19 1946

FEB 7 1946

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 K. Erwin

Licensed Embalmer No. 4852

P. O. Address Kansas 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.