

FILED JUL 22 1946
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 785

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2727 So 19th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 28 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 2727 So. 19th
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lillie May Silvey
 3. (b) If veteran, name war No 3. (c) Social Security No. None
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Hiram 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased February 23 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 6
 year 1946 hour 1 minute 30 P. M.
 21. I hereby certify that I attended the deceased from 2-16, 1946 to July 6, 1946,
 that I last saw her alive on July 5, 1946
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>4</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Cancer, bladder
Uremi coma
Chronic Nephritis
 Due to Infection bladder
with incrustation
 Due to Rheumatic heart disease
 Other conditions Umbilical hernia ?
(Include pregnancy within 3 months of death)

Duration 18 mos.
36 yrs.
2 yrs.
18 mos.

9. Birthplace Unknown Wisc.
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business _____
 MOTHER FATHER { 12. Name Fitz Graves
 13. Birthplace Unknown Wisc.
(City, town, or county) (State or foreign country)
 14. Maiden name Arvelia Graves
 15. Birthplace Unknown Wisc.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations 526
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Hiram Silvey
 (b) Address St Joseph, Mo.
 17. (a) Burial (b) Date thereof 7-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Auburn Cemetery
 18. (a) Signature of funeral director Fleeman & Son Inc.
 (b) Address St Joseph, Mo.
 (c) July 11, 1946 (b) H. S. Nestlebaugh
(Date received local registrar) (Registrar's signature)

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 H. S. Jaurad (M. D. or other) _____
 Address St Joseph Mo. Date signed 7-8-46

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

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~~ ^{XXXX}.....

~~REGISTERED APPRENTICE N/A~~

.....
working under my personal supervision.

Signed.....

Robert H. Gyle

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.