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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37362

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 163

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Lee's Summit
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 507 Hearne Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 45 Yeras

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Lee's Summit
(If outside city or town limits, write "RURAL")

(d) Street No. 507 Hearne Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Lewis H. Siler

3. (b) If veteran, name war No

3. (c) Social Security No. 496-10-9724

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dora Siler

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June 3 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	5	6	....hr. ....min.

9. Birthplace Weston (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired

11. Industry or business Oil Merchant & Farmer

FATHER
12. Name Wm Siler
13. Birthplace Weston (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Elizabeth Hubendahl
15. Birthplace Weston (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Dora Siler
(b) Address Lee's Summit Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/46 (Month) (Day) (Year)
(c) Place: burial or cremation Lee's Summit Mo.

18. (a) Signature of funeral director D. D. Lanpford
(b) Address Lee's Summit Mo.

19. (a) 11/11/46 (Date received local registrar) (b) Donald C. Barnhard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 9, 1946, to Nov. 9, 1946 that I last saw him alive on Nov. 9, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 1 day

Due to .....

Due to .....

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

Major findings:
Of operations .....
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? .....
While at work? (Specify type of place) (e) Means of injury .....

23. Signature Clifford L. Miller (M. D. or other) MD
Address Lee's Summit Mo Date signed 11-9-46

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

8 18 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3823

P. O. Address Lee's Summit 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.