

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

FILED MAR 14 1947

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **303**

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

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 Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community **28 years.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Hiram Augustus Silvey**
 3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**
 6. (b) Name of husband or wife **Lillie Mae Silvey** 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **Febr. 19 1873**
(Month) (Day) (Year)

8. AGE: Years **74** Months **0** Days **15** If less than one day
 hr. min.

9. Birthplace **Indianapolis Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Stonemason**

11. Industry or business **- - - -**

MOTHER, FATHER { 12. Name **Unknown**
 13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Catherine Arbott**
 15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mabel Delaney**

(b) Address **5206 King Hill Ave. St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **Mar. 7, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Auburn Cemetery**

18. (a) Signature of funeral director **Walter Meierhoffer**
 (b) Address **1946 Colhoun St., St. Joseph, Mo.**

19. (a) **3-10-47** (b) **G. G. Jenkins**
(Date received local registrar) (Registrar's signature)

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 Street**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4**
 year **1947** hour **11** minute **00** P. M.

21. I hereby certify that I attended the deceased from **Aug 1946**
 19..... to **March 4, 1947**
 that I last saw him alive on **March 4, 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral vascular accident, Acute, severe. Had Hypertensive Heart Due to Disease for many years.**
 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).....
 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
 23. Signature **G. G. Jenkins** (M. D. or other) **MD**
 Address **St. Joseph, Mo.** Date signed **3-15-47**

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.....

Albert R. Harrington

Licensed Embalmer No. 3258 Missouri

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.