

FILED APR 17 1947

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 122

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days
(Specify whether in this community 21 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bellingham

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

(d) Street No. R. #4
(If rural, give location)

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

3. (a) PRINT FULL NAME SHERMAN SYLCOX

3. (b) If veteran, name war none

3. (c) Social Security No. 490 24 9885

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Winnie Sylcox

6. (c) Age of husband or wife if alive 36 years (Month) (Day) (Year)

7. Birth date of deceased Dec - 36 1890

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>3</u>	<u>5</u>	hr. min.

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

10. Usual occupation Furniture Dealer

11. Industry or business Furniture

12. Name Andrew Jackson Sylcox

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name Cardinal

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Ernest Sylcox

(b) Address Advocate, Mo. R. #4

17. (a) Burial (b) Date thereof Apr. 2, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Baldwin Cemetery

18. (a) Signature of funeral director Frank S. Wright

(b) Address Advocate, Mo.

19. (a) 4-14-1947 (b) C. Summers (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 31 year 1947 hour 3 minute 35 A.M.

21. I hereby certify that I attended the deceased from 2/15 1947 to 3/31 1947 that I last saw alive on 3/30 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Paratyphoid

Due to typhoid

Due to Chronic Cardiac Disease

Other conditions (include pregnancy within months of death) None

Major findings: Of operations _____

Of autopsy 131B

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 W. P. ... (M. D. or other) 4/14

Address Advocate, Mo. Date signed 4/14

Duration 3 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 447-545
Date Filed 4-21-47

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.....

Ira E. Meadows....., Registered Apprentice No. 429
working under my personal supervision.

Signed Clay S. Morgan
Licensed Embalmer No. 3361
P. O. Address Advanee, 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.