

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 38885

FILED DEC 3 1947

Registration District No. 206Primary Registration District No. 5744Registrar's No. 48

1. PLACE OF DEATH:

(a) County Madison
 (b) City or town Cornwall
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 50 years years, months or days)

3. (a) PRINT FULL NAME Arthur Eugene Silvey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 19 1891
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
56 9 4 _____ hr. _____ min.9. Birthplace Cornwall - Madison Co. Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business _____

12. Name Andrew Jackson Silvey13. Birthplace Cape county, Missouri
(City, town, or county) (State or foreign country)14. Maiden name Barbara Ann Landon15. Birthplace Madison county, Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Mellie Killian(b) Address Cornwall, Missouri17. (a) Burial (b) Date thereof 11/25/47
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Snowdenville Cemetery18. (a) Signature of funeral director Webb-Adameon(b) Address Fredericktown, Mo.19. (a) 11-26-1947 (b) Florence Dickel
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
 (c) City or town Cornwall
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? - No - (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1947 hour 11 minute 20 P.M.21. I hereby certify that I attended the deceased from Nov 24
for last 23 yrs to Nov 24 1947
that I last saw him alive on Nov 1947
and that death occurred on the date and hour stated above.Immediate cause of death Heart failure Duration
Tuberculosis had
been at work for
Due to 2 yrs.Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____
Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence none
 (c) Where did injury occur? none
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) _____
 (If years of injury) _____
 23. Signature F. B. Bach (M. D. or other) _____
 Address Fredericktown, Mo. Date signed 11/26/47

RECEIVED

District Health Officer No.

District File Number 1242

Date Filed 12-2

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.....

Edward G. Lehmann, Jr., Registered Apprentice No. 81

working under my personal supervision.

Signed.....

L. Valjean Adamson
Licensed Embalmer No. 4351

P. O. Address Fredericktown, N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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State File No. Dec

Registration District No. 206

Primary Registration District No. 5744

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Cornwall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Arthur E. Silvey
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 19, 1872
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 12
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison
(c) City or town Village, Cornwall
(If outside city or town limits, write "RURAL")
(d) Street No. no (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country Born in Norway

MEDICAL CERTIFICATION

20. DATE OF DEATH Month July Day 24 Year 1947
hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept - 1947
to Nov. 22 - 1947
that I last saw him alive on Nov. 22 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: _____

Duration _____

Due to _____

Due to _____

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

Major findings: Tremor - Head
Cough - Swallow

Of autopsy none

PHYSICIAN

Underline the cause to which death should be ascribed statally.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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 M. B. Barbart (M. D. or other) _____

Address Frederic Blount Date signed 12/2/47

SUPPLEMENTARY

