No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Silsby Sr.

State File No. 19155

FILED JUN 26 1948

Registration District No. 8

Primary Registration District No. 2000

Registrar's No. 571

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 321½ E. Walnut
(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 ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 321½ E. Walnut St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

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3. (a) PRINT FULL NAME: Ellen Foley
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: Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Dec. (Month) 27 (Day) 1859 (Year)

8. AGE: Years 88 Months 5 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Home
11. Industry or business .....

FATHER
12. Name: James Foley
13. Birthplace: unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs John Johansensen
(b) Address: 321½ E. Walnut, Spfd. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Eastlawn Cemetery
18. (a) Signature of funeral director: Herman H. Lohmeyer
(b) Address: Springfield, Missouri
19. (a) 6-22-48 (Date received local registrar) (b) W.E. Hartley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1948 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 17, 1948, to June 21, 1948 that I last saw her alive on June 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	3 days
Due to: Senility	
Due to:	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN
Underline the cause of 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: Wm H. Silsby (M. D. or other) M.D.
Address: Springfield Mo Date signed 6/21/48

Jefferson City Printing Co.

(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 James B. Gaughan, Registered Apprentice No. 466, working under my personal supervision.

Signed Roy H. T. Mercer Jr.

Licensed Embalmer No. 1432

P. O. Address Springfield, 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.