

JUN 8 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18590

Do not use this space.

1. PLACE OF DEATH

(a) County Gentry Registration District No. 314
 (b) Township Stanberry Primary Registration District No. 4190 Registered No. 10
 (c) City Stanberry (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Elizabeth Silvers
 (a) Residence, No. _____ St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P.C. Silvers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-16-1857
 7. AGE YEARS 82 MONTHS 3 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 4-18-1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Nodaway County (STATE OR COUNTRY) Missouri

13. NAME William C Whorton 14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) _____

15. MAIDEN NAME Mary Ellen Tilton 16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) _____

17. INFORMANT Mrs W. J. Carter (ADDRESS) Pilford Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highridge DATE 5-23-39

19. FUNERAL DIRECTOR (NAME) J. Egan Johnson (ADDRESS) Stanberry Mo

20. FILED 5/22 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1939

22. I HEREBY CERTIFY, That I attended deceased from May, 1939, to May 21, 1939

I last saw him alive on May 21, 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
666

Other contributory causes of importance:

Myocarditis
arteriosclerosis

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) F. J. Hinkley M. D.

(Address) Stanberry, Mo.

RECEIVED

District Health Officer No. 111

District File Number 39252

Date Filed JUN 8 1939

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,

J. Egan Johnson

, or by

Registered Apprentice No. , working under my personal supervision.

Signed

J. Egan Johnson

Licensed Embalmer No. 3492

P. O. Address

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, above space should be left blank.