DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. R. Williams

State File No. 14912

MAY 1 3 1940

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 373

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: 803 S. Grant (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)

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. 803 S. Grant (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME H. Albert Silvers

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 Married

6. (b) Name of husband or wife Ida Silvers

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

7. Birth date of deceased May (Month) 10 (Day) 1869 (Year)

8. AGE: Years 70 Months 11 Days 8 If less than one day hr. min.

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

10. Usual occupation Retired Feed Merchant

11. Industry or business

FATHER
12. Name Thomas Silvers
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

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

16. (a) Informant's own signature Mrs. M.E. Sellers

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lonmeyer

(b) Address Springfield, Mo.

19. (a) Apr. 21, 1940 (Date received local registrar) (b) W.E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1940 hour 8 minute 25 p. M.

21. I hereby certify that I attended the deceased from Oct, 1936, to April 18, 1940 that I last saw him alive on April 18, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Heart Disease (Thrombosis)	About 4 yrs
Due to arterio-sclerosis	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Rodney F. Williams (M. D. or other)

Address Springfield Mo Date signed 4-18-40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 L. D. Harman

Licensed Embalmer No. 3177

P. O. Address Springfield

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

If this body is not embalmed, above space should be left blank.