No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37638

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4236

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research Hospital, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days, (Specify whether

In this community 18 days, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Caldwell,

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

(d) Street No. - (If rural, give location)

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

3. (a) PRINT FULL NAME Fred Silkwood,

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mattie Silkwood,

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased January 21, 1892 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	9	14	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer, 0

11. Industry or business x 0

MOTHER FATHER

12. Name Vince Silkwood

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

MOTHER

14. Maiden name Sarah Lybarger

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

16. (a) Informant B. F. Mead,

(b) Address Braymer, Mo.

17. (a) Removal, (Burial, cremation, or removal) (b) Date thereof 11-5-40 (Month) (Day) (Year)

(c) Place: burial or cremation Braymer, Mo.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-6-40 (Date received local registrar) (b) McMo Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5th, year 1940, hour 4:43 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 18, 1940, to Nov. 5, 1940 that I last saw him alive on Nov 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic malignancy

Due to Lipo sarcoma

Due to (Left axilla) Primary

Other conditions (Include pregnancy within 3 months of death) 53

Major findings:
Of operations

Of autopsy Yes

Duration

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)

(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 J G Montgomery (M. D. or other)

Address Prof Bldg Date signed 11-6-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. G. Montgomery,
[illegible]

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 [illegible]

Licensed Embalmer No. 1415

P. O. Address [illegible]

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

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