

FILED MAY 21 1941

STANDARD CERTIFICATE OF DEATH

13765

State File No. 8

Registration District No. 2

Primary Registration District No. 205

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Savannah mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
208 west main st 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether
In this community Nov 1908
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Andrew 2
(c) City or town Savannah mo
(If outside city or town limits, write "RURAL")
(d) Street No. 208 W. main st
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARGARET SILVERS

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Isaac Silvers 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased July 12 1850
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>9</u>	<u>16</u>	hr. min.

9. Birthplace Andrew County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name John m Hobson
13. Birthplace Indiana 1 Ind
(City, town, or county) (State or foreign country)
14. Maiden name Martha Colburn
15. Birthplace Ind 1
(City, town, or county) (State or foreign country)

16. (a) Informant Esther Bogtfield

(b) Address Savannah mo
Savannah mo (b) Date thereof April 30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah mo

18. (a) Signature of funeral director J Fred Terhune

(b) Address Savannah mo

19. (a) Apr 29 41 (b) Mrs Jennie Reah
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th
year 1941 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from February 12, 1941, to April 28, 1941,
that I last saw h. ETC alive on April 10th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

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

Major findings:
Of operations _____
Of autopsy _____

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? _____

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While at work? _____ (Specify type of place)
(b) Means of injury _____

23. Signature Forrest J. Boyd (M. D. or other) MD
Address Savannah mo Date signed 4-29-41

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

2
1
0

88

with case

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 Fred Terhune

Licensed Embalmer No. 1279

P. O. Address Savannah

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.