

STANDARD CERTIFICATE OF DEATH

Registration District No. **547**

Primary Registration District No. **3029**

Registrar's No. **113**

1. PLACE OF DEATH:

(a) County **Marion**  
 (b) City or town **Hannibal, Mo.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Elizabeth Hospital.** *D*  
 (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 **Rolls** *87*  
 (c) City or town **New London, Mo. R.F.D.** *0*  
 (If outside city or town limits write "RURAL") *0*  
 (d) Street No. \_\_\_\_\_ (If rural, give location) *1*  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Ray Silvey**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** *D* 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Matilda** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **June 21st 1887**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>53</b>		<b>26</b>	hr. _____ min.

9. Birthplace **Audrain County Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Samuel Silvey**  
 18. Birthplace **Mo.**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Mary Scroggins**  
 15. Birthplace **Mo.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Jim Sam Silvey**

(b) Address **New London, Missouri**

17. (a) **Burial** (b) Date thereof **July-18-1940**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grand View Burial Park.**

18. (a) Signature of funeral director **James Abbe**

(b) Address **Hannibal, Mo.**

19. (a) **April 1, 1941** (b) **H. C. Fisher**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17th**  
 year **1940** hour **4:00** minute **A** M.

21. I hereby certify that I attended the deceased from **July-16**  
 19**40** to **July 17**, 19**40**  
 that I last saw him **alive on July 17**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Perforated gastric ulcer** *2 days*  
 Duration

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_ *117A*  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

**UCR**  
 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 Means of injury \_\_\_\_\_  
 23. Signature **H. B. Norton** (M. D. or other) *11*  
 Address **Hannibal Mo** Date signed **2/28/41**

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

**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 Michael J. O'Rourke

Licensed Embalmer No. 3246

P. O. Address Admission

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

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