No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

Registration District No. 919

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 57932

State File No. 25680

Registrar's No. 17

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

1. PLACE OF DEATH:
(a) County MORGAN
(b) City or town VERSAILLES MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rural 1 Hawcreek Tr
(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 Morgan
(c) City or town Versailles
(If outside city or town limits, write "RURAL")
(d) Street No. RFD 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME INFANT SILVEY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race WHITE
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUG (Month) 3 (Day) 1941 (Year)

8. AGE: Years | Months | Days | If less than one day hr. 55 min.

9. Birthplace MORGAN COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name PHINEAS SILVEY
13. Birthplace MORGAN COUNTY (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name ELVA BIAS
15. Birthplace MORGAN COUNTY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant PHINEAS SILVEY
(b) Address VERSAILLES MISSOURI
17. (a) RITCHIE (Burial, cremation, or removal) (b) Date thereof 8-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation Burial Ritchie
18. (a) Signature of funeral director W. F. Kidwell
(b) Address Versailles Mo.
19. (a) Aug 11 1941 (Date received local registrar) (b) Wm L Ripperger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1941 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased ~~from~~ on Aug 3, 1941, 19 , to for 55 hrs, 19 ; that I last saw ~~him~~ alive on Aug 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature James G. Delano (M. D. or other)
Address Versailles Mo. Date signed 8-4-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-41-131
Date Filed 8-13-41

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 Louis D Phillips, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis D Phillips

Licensed Embalmer No. 3663

P. O. Address Leclair

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.