No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27781

Registration District No. 12 — Primary Registration District No. 4041 — Registrar's No. 28

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

10
1
0

1. PLACE OF DEATH:

(a) County Boone County
(b) City or town Centralia Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: E. Rodemeyer St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Audrain~~ Boone 10
(c) City or town Centralia 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. E. Rodemeyer
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes name country

3. (a) PRINT FULL NAME Letha Silver

3. (b) If veteran, name war None
3. (c) Social Security No None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April (Month) 24 (Day) 1874 (Year)

8. AGE: Years 67 | Months 4 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Boone County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation None
11. Industry or business

FATHER
12. Name Marcus Silver
13. Birthplace Boone County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Melissa Seymour
15. Birthplace Boone County, (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Charles Silver
(b) Address Mexico, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. (Month) 5 (Day) 41 (Year)
(c) Place: burial or cremation Centralia, Mo.
18. (a) Signature of funeral director Earl E. Pruitt
(b) Address Mexico, Mo.
19. (a) 9/20-1941 (Date received local registrar) (b) F. W. Bowden, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1941 hour One minute P M.
21. I hereby certify that I attended the deceased from Aug. ..... 1941, to Sept 4 1941;
that I last saw her alive on Sept 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Due to Undetermined
Due to ✓
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

13B

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 W. G. White (M. D. or other)
Address Centralia Date signed Sept 3/41

36

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 9 1941

SEP 29 1941

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

Earl E. Precht, Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

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, fact should be so stated above.