

FILED OCT 14 1941

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 720

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: 912 E. Belmont
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 912 E. Belmont
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Julia Silver

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased January 2, 1915
(Month) (Day) (Year)

8. AGE: Years 26 Months 8 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Wichita, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business In School

12. Name Albert T. Silver

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

14. Maiden name Anna Schnider

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

16. (a) Informant Mrs. Anna Silver

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 9/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer
(b) Address Springfield, Missouri

19. (a) 9-5-41 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

1001 (Licensed Embalmer) Statement on Reverse Side

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3rd
year 1941 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Aug 17th 1941
6-5pm-3:1 1941, to _____ 19____;
that I last saw her alive on 5-31-41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastro Enteritis with diarrhea
widal negative

Due to _____
Due to _____

Other conditions Secondary Anemia from infection
(Include conditions within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

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

23. Signature E. P. Evans (M. D. or other) _____
Address Springfield, Mo Date signed 9-5-41

Duration _____
Underline the cause to which death should be charged statistically.

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

5
2
6

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 *Wayne Linker*

Licensed Embalmer No. *3444*

P. O. Address *Springfield*

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.