S. No. 2
—4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 27 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37462

State File No. .....

Registration District No. 399 Primary Registration District No. 100 Registrar's No. 4257

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~660 W. Gregory~~ La Salle Hotel (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 660 W. Gregory (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Loren E. Silcott
3. (b) If veteran, name war World
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Georgia Silcott
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased March 28 (Month) 28 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
46	7	15	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Owner
11. Industry or business Silcott Restaurant
FATHER
12. Name George E. Silcott
13. Birthplace ..... (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Sarah R. Martin
15. Birthplace ..... (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Mrs. Georgia Silcott
(b) Address 660 W. Gregory
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah
18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri
19. (a) 11-15-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 13
year 41 hour 3 minute 45 P M.
21. I hereby certify that I attended the deceased from Crowe, 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound of the head

Due to ——

Due to ——

Other conditions (Include pregnancy within 3 months of death) ——

Major findings:
Of operations
Of autopsy See above

164 C

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) Suicide
(b) Date of occurrence 11/13/41
(c) Where did injury occur? 922 Inwood Kew (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? No (e) Means of injury Firearms
23. Signature [signature] (M. D. or other)
Address Kew Date signed 11/15/41

3601 (Licensed Embalmer's Statement on Reverse Side)

NOV 26 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~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Clarence H. Chubb

Licensed Embalmer No. 3473

P. O. Address K. C. 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.