S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7969

Registration District No. 196 Primary Registration District No. 3038 Registrar's No. 28

97 1 2

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. Odell 2
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joesph Silberg
3. (b) If veteran, name war .....
3. (c) Social Security No. ?
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ester Leftowitz
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Unknown (Month) (Day) (Year)

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

9. Birthplace Russia (City, town, or county) 6 (State or foreign country)
10. Usual occupation Drug Clerk
11. Industry or business .....
FATHER
12. Name Issac Silberg
13. Birthplace Russia, (City, town, or county) 6 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Max Silberg
(b) Address Marshall
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 5 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City
18. (a) Signature of funeral director Don Short
(b) Address Marshall Mo.
19. (a) 2-5-42 (Date received local registrar) (b) Mary Kent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day Feb 1942
year ..... hour 2 minute 2 M.
21. I hereby certify that I attended the deceased from Feb 5-42 ....., 19.... to Feb 5 ....., 19 42
that I last saw him alive on Feb 5-42 ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration
Due to .....
Due to arteriosclerosis
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations 94a
Of autopsy .....

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 John R Lusseuc (M. D. or other)
Address Kansas City, Mo Date signed Feb 5-42

(Licensed Embalmer's Statement on Reverse Side)

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

18

12/5

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-12-42

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall 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.