S. No. 2
—1-4-41
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PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21212
Dr. Don Silsby
State File No.

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 470

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1302 North Jefferson (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 25 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 1302 North Jefferson (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Louise Wilson Moist
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 Widowed
6. (b) Name of husband or wife Rogers Moist
6. (c) Age of husband or wife if alive Alive years
7. Birth date of deceased Unknown (Month) Unknown (Day) 1882 (Year)
8. AGE: Years Approx 60 Months Unknown Days ..... If less than one day hr. ..... min.
9. Birthplace Louisville Ky (City, town, or county) Ky (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. FATHER Name W. S. Wilson
13. FATHER Birthplace Unknown (City, town, or county) Ky (State or foreign country)
14. MOTHER Maiden name Minnie Wilson Penfield
15. MOTHER Birthplace Unknown (City, town, or county) Ky (State or foreign country)
16. (a) Informant Louise Moist
(b) Address Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield Missouri
19. (a) 6-24-42 (Date received local registrar) (b) Dr W. S. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1942 hour 7 20 minute a.m.
21. I hereby certify that I attended the deceased from June 3 1942, 19.. to June 22, 1942 that I last saw h. alive on June 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Myocarditis	1 mo.
Due to Increased arterial tension	
Other conditions (Include pregnancy within 3 months of death) Age over 60	

Major findings:
Of operations —
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? —
While at work? — (Specify type of place) (e) Means of injury —
23. Signature Don H. Silsby (M. D. or other)
Address Springfield, Mo Date signed 6/23/42

984 (Licensed Embalmer's Statement on Reverse Side)

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. L. D. Gorman

Licensed Embalmer No. 3177

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.