

Registration District No. 42

Primary Registration District No. 5738  
1008

Registrar's No.

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **Rural (Washington)**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **R.R. 4**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **50 Years**  
In this community **50 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **Rural St Joseph**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R 4**  
(If rural, give location)  
(e) Citizen of foreign country? **No**  
If yes, name country

3. (a) PRINT FULL NAME **Rebecca Silverman**

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

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
(b) Name of husband or wife **Rauben Silverman**  
(c) Age of husband or wife if alive **years 1869**  
7. Birth date of deceased **June 1869**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **2** Days **hr. min.**  
If less than one day

9. Birthplace **Rumania**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER  
12. Name **Ruben**  
13. Birthplace **Rumania**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Rebecca**  
15. Birthplace **Rumania**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis Silverman**  
(b) Address **R 4 St Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **8/2/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shaare Sholem**

18. (a) Signature of funeral director **Fleeman & Son Inc.**  
(b) Address **1946 Calhoun**

19. (a) **8-2-42** (b) **Rose Herzog**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **1st**  
year **1942** hour **3** minute **30 P** M.

21. I hereby certify that I attended the deceased from **July 31**  
1942 to **August 1** 1942  
that I last saw her alive on **Aug 1** 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thromb.**  
Due to **arterio scl. gen.**  
Other conditions **Hypertension**  
Major findings: Of operations **94a**  
Of autopsy **none**

Duration

**Aug 1/42**

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 **Frank J. ...** (M. D. or other) **8/31/42**  
Address **620 ...** Date signed

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

1510-1-1907

AUG 1 21942

AUG 21 1942

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 Robert K. Gaph  
Licensed Embalmer No. 3308  
P. O. Address St Joseph, 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.