

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Hannibal
(c) Name of hospital or institution Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

3. (a) PRINT FULL NAME

William W. Silvers

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 Anna Bell Graber Silver 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased January 27, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 6 29 hr. min.

9. Birthplace Saverton Township Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name William G. Silvers
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Davis
15. Birthplace Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Silvers
(b) Address Charles R.R. 3 Hannibal
17. (a) Burial (b) Date thereof 8/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Wm M Smith
(b) Address 902 Broadway Hannibal
19. (a) Aug 29 42 (b) R.R. Bunting
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route # 3
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1942 hour 1:30 minute 0 M.
21. I hereby certify that I attended the deceased from July 1 to Aug 26
that I last saw him alive on Aug 26
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure
Due to senility

Due to 2
Other conditions (Include pregnancy within 3 months of death) 93

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 Wm M Smith (M. D. or other)
Address Hannibal Date signed 8/26/42

RECEIVED

District Health Officer No. 10

District File Number 9-42-1637

Date Filed SEP 15 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.....

Elmer Thomas....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2460

P. O. Address Hannibal Missouri

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.