

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3400

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: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether)

In this community 36 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3310 Holmes St 8
(If rural, give location) 6

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ruth Silvey

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9/13/47 day
year _____ hour 11:30 minute 17 M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Silvey

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased: July 21 1906
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/9/47 19 to 9/13/47 19
that I last saw her alive on 9/13/47 19
and that death occurred on the date and hour stated above.

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

36 1 22 hr. min.

Immediate cause of death Melanoma

Due to Primary melanoma

Due to Sarcoma 490

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Primary melanoma 2/9/47

Of autopsy None seen

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name August a Marguerite 7

13. Birthplace unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Charles R Silvey

(b) Address 3310 Holmes St

17. (a) Burial (b) Date thereof Sept 15-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Marial

While at work? (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) D

Address 4800 E 24th St Date signed 9/14/47

18. (a) Signature of funeral director Mrs. C. R. Foster

(b) Address 918 Brooklyn

19. (a) 9-15-42 (b) Dr. M. Browne
(Date received local registrar) (Registrar's signature)

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

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 *Daniel P. O'Brien*
Licensed Embalmer No. *2724*
P. O. Address *K. P. 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.