

FILED JAN 11 1943

Registration District No. 139

Primary Registration District No. 4221

Registrar's No. 95

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

1. PLACE OF DEATH:

(a) County Holt.

(b) City or town Mound City.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Mound City.
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Silas Martin Wilfong.

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 Single.

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

7. Birth date of deceased April 8th, 1900.
(Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 16. If less than one day
hr. min.

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

10. Usual occupation Farmer.

11. Industry or business.....

12. Name John W. Wilfong.
13. Birthplace Clark Co. Missouri.

14. Maiden name Samantha J Huckelberry.
15. Birthplace Washington Ind.

16. (a) Informant Dr. S. L. Wilfong
(b) Address Mound City, Missouri.

17. (a) Burial (b) Date thereof Dec. 26th
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Groves Cemetery.
18. (a) Signature of funeral director W. H. Crawford
(b) Address Mound City, Mo.

19. (a) 12-26-42 (b) Pauline Hoover
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24th.
year 1942. hour 3 O'clock minute AM.

21. I hereby certify that I attended the deceased from November 4, 1941, to Dec 24, 1942
that I last saw him alive on Dec 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 13 1/2!

Major findings: Of operations..... Of autopsy.....

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) (e) Means of injury.....

23. Signature F. E. Hogan (M. D. or other).....
Address Mound City, MO Date signed 12-26-42

Duration

3 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

W. Crawford,

Licensed Embalmer No.....

1824

P. O. Address.....

Mound City, 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.