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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40965

State File No. 40965

Registration District No. 75K Primary Registration District No. 5575 Registrar's No. 59

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City Ward 2 Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Armour Mem. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 21 years (Specify whether years, months or days)
In this community: 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 8100 Wornall Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

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3. (a) PRINT FULL NAME: Louella Jane Silver
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Famale
5. Color or race: white
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: X
6. (c) Age of husband or wife if alive: X years
7. Birth date of deceased: May (Month) 24 (Day) 1856 (Year)

8. AGE: Years 86 Months 6 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace: Warsaw (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: At home
11. Industry or business: X

MOTHER FATHER
12. Name: Joseph Matheson Silver
13. Birthplace: Sidney (City, town, or county) Ohio (State or foreign country)
14. Maiden name: Sarah Jane Kirkpatrick
15. Birthplace: Springfield (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Armour Memorial Home Record
(b) Address: 81 & Wornall Road K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/15/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery
18. (a) Signature of funeral director: Stine & McClure Fund. Co.
(b) Address: 3235 Gillham Plaza K.C. Mo.
19. (a) Dec 16-42 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1942 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 1 1936 to Dec 12 1942 that I last saw her alive on Dec 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to: Cancer. Gall Bladder
Due to:
Other conditions (Include pregnancy within 3 months of death):
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? (Specify type of place)
While at work?
(e) Means of injury:

23. Signature: A J Cantrell (M. D. or other)
Address: 636 Argyle Road Date signed 12/14/42

115 Dr. Annie S. Hedges

(Licensed Embalmer's Statement on Reverse Side)

11 a, m2,
[illegible]

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 [illegible]

Licensed Embalmer No. 1415

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.