

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

**FILED FEB 4 1943**

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 213

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs  
(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 26 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89

(c) City or town Richmond  
(If outside city or town limits, write "RURAL") 1

(d) Street No. 1  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME SARA A. SILKWOOD

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 1943 hour 10 minute 00 a.m.

4. Sex FE 1

5. Color or race wh

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

6. (b) Name of husband or wife Virice Silkwood

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

7. Birth date of deceased: Oct. 24 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 11<sup>th</sup> 1943 to Jan 21<sup>st</sup> 1943 that I last saw her alive on Jan 20<sup>th</sup> 1943 and that death occurred on the day and hour stated above.

8. AGE: Years 73 Months 2 Days 27 If less than one day — hr. — min.

Immediate cause of death: Coronary Thrombosis  
arteriosclerosis

Due to — —

9. Birthplace: Ray Co Mo 0  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 94 a

Major findings: Of operations —

Of autopsy 0

10. Usual occupation Housewife

11. Industry or business —

12. Name Miss Lybarger

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Jones

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

PHYSICIAN —

Underline the cause to which death should be charged statistically.

16. (a) Informant Ray Silkwood

(b) Address 524 Caldwell St. Excelsior Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Spring Grove, Cent.

18. (a) Signature of funeral director Bernard F. Mead

(b) Address Braymer Mo.

19. (a) 1-23-43 (Date received local registrar) (b) Mrs. Sadie Redman (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 SP M. Crank (M. D. or other) 0  
Address Excelsior Springs Mo Date signed 1/21/43

24  
1  
11  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

form required

116b

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-3-43

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.

*This body will be  
embalmed,*

Signed *Bernard J. Mead*

Licensed Embalmer No. *2801*

P. O. Address *Braymer 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.