No. 2
9-4-41
7-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7071

State File No.

Registration District No. 238

Primary Registration District No. 4352

Registrar's No. 2

1. PLACE OF DEATH:

(a) County MORGAN.

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County MORGAN. 71

(c) City or town VERSAILLES. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MISS LORRAINE SILVEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

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 DEC. (Month) 14 (Day) 1924 (Year)

8. AGE: Years 18 Months 1 Days 17 If less than one day hr. min.

9. Birthplace MORGAN CO. (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation AT HOME.

11. Industry or business HOME.

FATHER
12. Name CORBIN SILVEY.
13. Birthplace MORGAN CO. (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name EULA McMULLEN.
15. Birthplace CAMDEN CO. (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant Eula Silvey
(b) Address Versailles, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/2/43. (Month) (Day) (Year)
(c) Place: burial or cremation Versailles, Mo.

18. (a) Signature of funeral director [signature]
(b) Address Versailles Mo

19. (a) 2-2-43 (Date received local registrar) (b) Roy Berkstresser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 31
year 1943 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from JAN 17, 1943 to JAN 31, 1943
that I last saw her alive on JAN. 31, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death MESENTERIC THROMBOSIS	1 hr ?
Due to TOXEMIA OF PREGNANCY	
Due to CAESAREAN SECTION JAN 18, 1943	
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 Aubrey H. Wells (M. D. ~~or other~~)

Address Boonville, Mo. Date signed 1-31-43

102 9

(Licensed Embalmer's Statement on Reverse Side)

144a

RECEIVED
District Health Officer No. 7, 97
District File Number 1-43 ~~168~~
Date Filed 2-8-43

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.

Signed W. F. Tidwell

Licensed Embalmer No. 1596

P. O. Address Pensacola Flo

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

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

S. No. 2B
M—8-21-41
P I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7071

Registration District No. _____ Primary Registration District No. 4352 Registrar's No. _____

1. PLACE OF DEATH:
(a) County: Morgan
(b) City or town: Versailles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Morgan
(c) City or town: Versailles
(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: Lorraine Silvey
3. (b) If veteran, name war: —
3. (c) Social Security No. —
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Dec 14 — 1923 (Month) (Day) (Year)
8. AGE: Years 18 Months 1 Days _____ If less than one day: _____ hr. _____ min.
9. Birthplace: Mo (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)
16. (a) Informant _____
(b) Address _____
17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 3
year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19_____ to _____, 19_____;
that I last saw him alive on _____, 19_____;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Toxemia of Pregnancy ?	
& caesarean section 1-18-1943	
Due to	

Other conditions (Include pregnancy within 3 months of death) 149A

Major findings:
Of operations: CAESAREAN SECTION 1-18-43
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (c) Means of injury _____
23. Signature: Aubrey H. Weller (M. D. or other)
Address: Boonville, Mo Date signed 3-30-43

SUPPLEMENTARY