

FILED MAR 20 1945
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 59

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
233 N. Ellis St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community most of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Silas P. Lail
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 29 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Jackson Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired

MOTHER FATHER
11. Industry or business _____
12. Name Thomas Lail
13. Birthplace Jackson Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mary Crump
15. Birthplace Jackson Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Lail
(b) Address 233 N. Ellis Cape Gir. Mo.
17. (a) Burial (b) Date thereof 12-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director W. H. Hawlee
(b) Address Cape Girardeau Mo.
(c) 2-24-45 (Date received local registrar) (d) W. H. Phelps (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Gir
(c) City or town Cape Girardeau Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 233 N. Ellis 1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 4
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1945 hour 8 minute A M.
21. I hereby certify that I attended the deceased from 2/20 1945 to Jan 30 1945
that I last saw h. alive on 1/30 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to myocarditis

Due to _____
Other conditions (include pregnancy, within 3 months of death) 938

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. H. Hawlee (M. D. or other) _____
Address Cape Girardeau Mo. Date signed 1/30/45

101X

RECEIVED

District Health Officer No. 4....

District File Number 345-32

Date Filed 3-6-45

FEB 18 1948

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. H. Estes

Licensed Embalmer No. 3568

P.O. Address *Cape Hill*

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

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