. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26706

Registration District No. 5 Primary Registration District No. 5026 Registrar's No. 34

1. PLACE OF DEATH:
(a) County Atchison
(b) City or town Fairfax-rural (Township)
(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 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Atchison 3
(c) City or town Fairfax-rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MATTIE LOUISE SILLERS
3. (b) If veteran, name war **
3. (c) Social Security No. **
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced mar
6. (b) Name of husband or wife P.J.Sillers
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Feb (Month) 26 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
77	5	12	hr. min.

9. Birthplace Sweden (City, town, or county) 4 (State or foreign country)
10. Usual occupation housewife
11. Industry or business
12. FATHER Name Issacon
13. FATHER Birthplace Unknown (City, town, or county) a (State or foreign country)
14. MOTHER Maiden name unknown
15. MOTHER Birthplace unknown (City, town, or county) a (State or foreign country)
16. (a) Informant P.J.Sillers
(b) Address Fairfax, Missouri.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/13/45 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Cemetery
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio, Mo.
19. (a) Aug 9 1945 (Date received local registrar) (b) Mrs H.O. Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8 year 1945 hour 5 minute 15p. M.
21. I hereby certify that I attended the deceased from Aug 1, 1945 to Aug 8, 1945 that I last saw h alive on Aug 8, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	15 hrs.
Due to Chronic myocarditis	
Due to	
Other conditions Senility (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 H.C. Bauman (M. D. or other) MD
Address Fairfax Date signed 8/12/45

(Licensed Embalmer's Statement on Reverse Side)

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.....Jno. M. Davis.....

Licensed Embalmer No. 2394

P. O. Address. Tarkio, Missouri.

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.