

S. No. 2
M-5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3624

Registration District No. 274

Primary Registration District No. 3052

State File No. _____

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2201 East 10th
(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 years
years, months or days)

3. (a) PRINT FULL NAME Nathaniel Austin Silsby
(b) If veteran, name war _____ (c) Social Security No. 702-16-1877

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Silsby
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased November 8 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 1 29 hr. min.

9. Birthplace Clarence Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Freight Truckman, Mo. Pacific

11. Industry or business _____

MOTHER FATHER { 12. Name Silas J. Silsby
13. Birthplace Mentone Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Clara Jane Dewell
15. Birthplace Clarence Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Silsby
(b) Address 2201 E. 10th, Sedalia, Mo.
17. (a) Burial (b) Date thereof 1-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Smithton, Missouri

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia, Missouri
19. (a) 1-10-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 2201 East 10th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1946 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 1
1945 to Jan 7 1946
that I last saw him alive on Jan 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart disease with influenza
Due to _____
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 _____
Signature [Signature] (M. D. or other) _____
Address Sedalia, Mo. Date signed 1-8-46

201 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-29-46

MAR 18 1946
FEB 1 1946

AUG 9 1956

FEB 5 1956

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

6401

Licensed Embalmer No. 3153

P. O. Address

Medalia, 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.