

FILED JUN 10 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 636

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
215 W. Agusta St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 Years
(Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 215 W. Agusta St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Donald Silcott Sr.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Leota

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased December 23, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	5	8	hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business

12. Name Landon Silcott

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Anna Newman
(City, town, or county) (State or foreign country)

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Leota E. Silcott

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 6-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph, Mo.

19. (a) June 5, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 31
year 1946 hours 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from
June 1, 1946, to June 1, 1946

that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above

Immediate cause of death Chronic, Bronchial Asthma, Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 B.W. Tadlock Coroner
King Hill Bldg. (M. D. or other)

Date signed 6-3-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Robert H. Yaph

Licensed Embalmer No.

3308

P. O. Address.....

St Joseph, 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.