

FILED JUN 13 1946

STANDARD CERTIFICATE OF DEATH

Registration District No. 120

Primary Registration District No. 5446

State File No. 16278

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Cooper 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 (years, months or days)

3. (a) PRINT FULL NAME Ethel Carrie Silcott

3. (b) If veteran, name war. (c) Social Security No.

4. Sex 7-1 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased December 12 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 4 24 hr. min.

9. Birthplace Cooper Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John Adams
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Camie Van Walden
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George Silcott
(b) Address Standing No. 7. D.
17. (a) Buried (b) Date thereof May 8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buried

18. (a) Signature of funeral director E. H. H. Birch
(b) Address Cooper, Mo.

19. (a) May 10-1946 (b) Harner M. M. M. M.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cooper 38
(c) City or town Cooper Township 1
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1946 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 4-4-1946 to 5-6-1946
that I last saw her alive on 5-6-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis 3 wks
Duration

Due to Cerebral hemorrhage
with hemiplegia of upper
Due to extremities

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 830
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) (c) Means of injury
23. Signature George Silcott (M. D. or other)
Address Cooper, Mo. Date signed 5-10-46

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Willie
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Robert B. Burk

Licensed Embalmer No.

3329

P. O. Address.....

Albany 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.