S. No. 2
M—8-43
v. 5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29403

FILED SEP 12 1946

State File No.

Registration District No. 369

Primary Registration District No. ~~4538~~ 6249

Registrar's No. 12

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

28240

1. PLACE OF DEATH:

(a) County Wayne

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

(c) Name of hospital or institution: On highway 7 miles north
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Des Arc
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME George Silvy

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased July (Month) 15 (Day) 1928 (Year)

8. AGE: Years 18 Months 1 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Iron County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Student and trucking

11. Industry or business Hauling logs

FATHER
12. Name Ed Silvy
13. Birthplace Des Arc (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Pearl Laxton
15. Birthplace Millspring (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ed Silvy
(b) Address Des Arc, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/46 (Month) (Day) (Year)
(c) Place: burial or cremation Millspring, Missouri

18. (a) Signature of funeral director N. W. Dish
(b) Address Piedmont, Mo.

19. (a) Aug 31 1946 (Date received local registrar) (b) Susie E. Piles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17 year 1946 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death crushed chest

Due to truck overturning

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy none

Duration

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) accident

(b) Date of occurrence aug 17 1946

(c) Where did injury occur? (City or town) (County) Wayne Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Missouri Hwy # 49 (Specify type of place)

While at work? yes (e) Means of injury truck

23. Signature Lewis S. Marshall (~~M. D.~~ or other) Coroner

Address Greenville Date signed 8/23/46

360

(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 Norman W. Fish

Licensed Embalmer No. 3377

P. O. Address Richmond 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.