

FILED NOV 13 1946

State File No.

Registrar's No.

Registration District No. 43

Primary Registration District No. 3007

103
0
0
1
years.

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

31689

1. PLACE OF DEATH:
 (a) County Butler
 (b) City or town Poplar Bluff, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Brandon Hospital
 (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 Agnes Martha Silliman
 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 Married
 6. (b) Name of husband or wife William R. Silliman
 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased May 15, 1907
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 5 11 hr. min.

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

10. Usual occupation House-wife

11. Industry or business _____

MOTHER FATHER {
 12. Name John Harris
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Shipman
 15. Birthplace Dexter, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant William R. Silliman

(b) Address Bernie, Mo. R.F.D. # 1

17. (a) Burial (b) Date thereof 10-28-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Essex Cemetery

18. (a) Signature of funeral director Strickland-Rainey
Dexter, Missouri

(b) Address _____
 19. (a) 10-30-46 (b) RH Muesel
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Bernie, Mo. R.F.D. # 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
 year 1946 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from 10-21-46, 19____, to 10-26, 1946
 that I last saw her alive on 10-26-46, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis
 Due to Cardiac Hypertrophy
 Due to Chronic Nephritis
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

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) _____
 (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 [Signature] (M. D. or other) _____
 Address Poplar Bluff, Mo. Date signed 20-28-46

RECEIVED

District Health Office No. 2

District File Number 1146-1313

Date Filed 11-7-46

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 _____

Licensed Embalmer No. 3479

P. O. Address _____

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.