

No. 2
-8-13
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1946
Registration District No. 356

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39895
State File No. _____
Registrar's No. 71

Primary Registration District No. 6207

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

1. PLACE OF DEATH:
(a) County TEXAS
(b) City or town RURAL LYNCH
(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 70 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County TEXAS 107
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 12 MI. N.W. HOUSTON
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM THOMAS SILLMAN
(b) If veteran, name war _____
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV. day 10
year 1946 hour 2 minute 00 P.M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. WIDOWED
7. (b) Name of husband or wife MATILDA SILLMAN 6. (c) Age of husband or wife if alive _____ years
JULY 5 1863 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-13- 1946 to 11-10- 1946
that I last saw him alive on 11-9- 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
83 4 5 hr. _____ min.

Immediate cause of death Chronic myocardial degeneration
Due to _____
Due to _____
Duration 7 years

9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation RETIRED DOCTOR

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 93D
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name DAVID SILLMAN
13. Birthplace N.Y.
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant CHARLEY SILLMAN
(b) Address ELLIS PRAIRIE, MO
17. (a) BURIAL (b) Date thereof 11-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation EMERY

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 2

18. (a) Signature of funeral director Emery Elliott
(b) Address HOUSTON, MO
19. (a) Nov 15, 1946 (b) Allytie Craig
(Date received local registrar) (Registrar's signature)

23. Signature Henry R. Rosy (M. D. or other) D.O.
Address Houston, MO Date signed 11-12-46

RECEIVED

District Health Officer No. 5,

District File Number 1196621

Date Filed 11-21-46

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Tex

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.