

FILED DEC 19 1946

Registration District No. **199**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **JACKSON**

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

(c) Name of hospital or institution:
1919 HIGHLAND AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether years, months or days) **2 YRS.**

3. (a) PRINT FULL NAME **Alex SILVERTS**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **None**

4. Sex **Male** **5. Color or race** **NEGRO**

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

6. (b) Name of husband or wife **Marie** **6. (c) Age of husband or wife if alive** **Deceased** years

7. Birth date of deceased **UNKNOWN**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 64 YRS — — — hr. min.

9. Birthplace **UNKNOWN** **TANZAS**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

MOTHER FATHER

12. Name **UNKNOWN** **9**

13. Birthplace **UNKNOWN** **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN** **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ed. WALTER**

(b) Address **1919 HIGHLAND AVE.**

17. (a) Burial **(b) Date thereof** **Dec. 7 '46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cem.**

18. (a) Signature of funeral director **Ed. Daria**

(b) Address **1513 T. POST AVE.**

19. (a) 12-5-46 **(b) Geraldine Holman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON 48**

(c) City or town **JACKSON CITY** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **1919 HIGHLAND AVE.** **6**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **1**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **2**
year **46** hour **5** minute **11** M.

21. I hereby certify that I attended the deceased from **Deputy - Coroner**
_____ 19____ to _____ 19____
that I last saw _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure**
Hypertensive Heart Disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: **93 d**

Of operations _____

Of autopsy **No - Perint.**

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 a worker (Specify type of place) (a) Means of injury

Signature **Dr. Williams** (M. D. or other) **Deputy Coroner**

Address **5636 Brooklyn** **Date signed** _____

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.....

C. C. Davis

Licensed Embalmer No. 4417

P. O. Address. W. C. 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.