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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4071**
Registrar's No. **176**

FILED FEB 17 1947

Registration District No. **42** Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
 (a) County **Buchanan**
 (b) City or town **St. Joseph**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Sunny Slope Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **12 hours**
 In this community **6 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Buchanan**
 (c) City or town **St. Joseph**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4908 Williams St.**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Nauda Dorine Silvey**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb** day **1** year **1947** hour **9:30** minute **A** M.
 21. I hereby certify that I attended the deceased from **1-31** 19**47**, to **2-1** 19**47**; that I last saw him alive on **1-31** 19**47**; and that death occurred on the date and hour stated above.

4. Sex **Female** 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 **April 30, 1946**
 (Month) (Day) (Year)

Immediate cause of death
Bacterial Pneumonia
 Due to **Pneumonia**
 Duration **about 48 hours**
3 weeks

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	0	9	1 hr. min.

Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

9. Birthplace **Kansas City, Missouri**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Infant**

11. Industry or business.....
 12. Name **Beacher Silvey**
 13. Birthplace **Versailles, Mo.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Dorothy Gadberry**
 15. Birthplace **Nodaway, Missouri**
 (City, town, or county) (State or foreign country)

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**

16. (a) Informant **Beacher Silvey**
 (b) Address **4909 Williams St.**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb. 3, 1947**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **Memorial Park Cem.**

23. Signature **E. J. Gross** (M. D. or other)
 Address **5008 King Hill Ave.** Date signed **2-1-47**

18. (a) Signature of funeral director **Clark Martney**
 (b) Address **5025 King Hill Ave**
 19. (a) **Feb 10, 1947** (Date received local registrar) (b) **E. C. Jenkins** (Registrar's signature)

382 (Licensed Embalmer's Statement on Reverse Side) **St. Joseph, 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Emma Clark*

Licensed Embalmer No. *4225*

P. O. Address *St. Joseph 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.