

No. 2
2-45
17-39
X47070

State File No. 5066
719
Registrar's No.

FILED MAR 3 1947

Registration District No. 197

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-7-47-2-13-47
(Specify whether years, months or days)

In this community 5yr

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town Warrens City MO
(If outside city or town limits, write "RURAL")

(d) Street No. 1100 Admiral Blvd
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Isabelle Silvers

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Dec 18 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Warrens City MO
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Michael Gaffney

13. Birthplace General Ireland
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace General Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant J. Thomas Marshall

(b) Address 1421 Indus. ave.

17. (a) Burial (b) Date thereof 2/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. St. Marys

18. (a) Signature of funeral director Resant's Bros

(b) Address Warrens City MO

19. (a) 2-16-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1947 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive _____, 19____,
and that death occurred on _____ day and hour stated above.

Immediate cause of death Deputy Coroner
30 Burns 73
Body surface.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 181-15

Major findings: Of operations _____

Of autopsy History of Inspection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide 2/19/47 accident

(b) Date of occurrence 2/19/47

(c) Where did injury occur? Warrens City MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place)

(e) Means of injury Fire

23. Signature A.E. Usher (M. D. Registrar)
2800 Main Date 2/16/47

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

MOTHER FATHER

APR 2 1941

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, *Francis Walton*

Licensed Embalmer No. *2744*

P. O. Address *15 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.