

S. No. 2  
OM-5-43  
v. 5-17-39  
X36671

16604

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 19 1947

1000

629

Registration District No. 42

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

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:  
Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)

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

In this community 2 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll / 17

(c) City or town Bosworth / 9  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \*

3. (a) PRINT FULL NAME J. Wes. Sylvester

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1947 hour 10 minute 30 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased: April 12 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/5 1947 to 5/6 1947  
that I last saw him alive on 5/6 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 0 Days 24  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Coronary occlusion

Due to Hypertensive heart disease

Due to \_\_\_\_\_

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

10. Usual occupation: Filling Station

Other conditions: Hypertrophy of Prostate  
(Include pregnancy within months of death)

11. Industry or business: Own

MOTHER FATHER { 12. Name: Francis Sylvester

13. Birthplace: Unknown Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name: Susan Fretz

15. Birthplace: Unknown Ohio  
(City, town, or county) (State or foreign country)

Major findings: 93P

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant: Mable Sylvester

(b) Address: Bosworth, Missouri.

17. (a) Removal (b) Date thereof: May 7, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bosworth Missouri

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? \_\_\_\_\_

18. (a) Signature of funeral director: Norman W. S. J. ...

(b) Address: 1802 Union St. St. Joseph, Mo.

19. (a) 5-9-47 (b) E. C. ...  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature: Charles Greenberg (M. D. or other) \_\_\_\_\_  
Address: P. O. Box 121 ... Date signed: 5/7/47

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

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.....  
*James W. By Cavalan*, Registered Apprentice No. *486*,  
working under my personal supervision.

Signed *Elmer Thomas*

Licensed Embalmer No. *2640*

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.**