S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 3 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20862

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2685

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2427 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 38
(If outside city or town limits, write "RURAL")
(d) Street No. 2427 Cherry 80
(If rural, give location)
(e) Citizen of foreign country? yes no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Silas G. Cawley

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Sarah E. Cawley

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

7. Birth date of deceased Oct. (Month) 28 (Day) 1852 (Year) 1851

8. AGE: Years 95 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Roanoke County (City, town, or county) Virginia (State or foreign country)

10. Usual occupation retired grading contractor

11. Industry or business City

FATHER
12. Name William Cawley
13. Birthplace Roanoke County (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Susan Harkrider
15. Birthplace Roanoke County (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Nancy Judd Cawley
(b) Address 2427 Cherry Kansas City Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Halleck Cemetery

18. (a) Signature of funeral director Heston-Bowman
(b) Address 319 So 10th St. Joseph Mo

19. (a) 6-22-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1947 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 28, 1947, to June 21, 1947 that I last saw him alive on June 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral regurgitation	8 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature James W. Graham (M. D. or other)
Address 518 Argyle Bldg. Date signed 6-22-47
K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

not embalmed ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

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.