No. 2
2-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31631

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 142

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Mineral
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co T B Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 39
(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No. 549 Cherry St (If rural, give location) 6
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Emma L. Silvey
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 16 1874 (Month) (Day) (Year)
8. AGE: Years 73 Months 5 Days 19 If less than one day hr. min.
9. Birthplace Douglas Co Mo O (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Martin Cook 1
13. Birthplace Ill (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margaret Wise
15. Birthplace Ill 1 (City, town, or county) (State or foreign country)
16. (a) Informant Records
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 6, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield Mo
18. (a) Signature of funeral director Nutt Funeral Home Co
(b) Address Nutt City Mo
19. (a) SEPT. 4; 47 (Date received local registrar) (b) [illegible] MD (Registrar's signature) 127

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1947 hour 2 minute 15a M.
21. I hereby certify that I attended the deceased from March 9 1947 to Sept 4 1947 and that I last saw her alive on Sept 3 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 1313

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 O
23. Signature Jesse E. Douglas (M. D. ~~or Coroner~~)
Address Nutt City Mo Date signed 9/4/47

(Licensed Embalmer's Statement on Reverse Side)

47-8-717

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 D Ross Blanford

Licensed Embalmer No. 1 5015

P. O. Address Nixa City 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.