No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 8 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Harry Silsby
State File No. 41426

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 1129

**1. PLACE OF DEATH:**
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1371 S. Newton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 70 Years (Specify whether years, months or days)
In this community:

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 1371 S. Newton 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Annie E. Smith
3. (b) If veteran, name war: No
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Charles E. Smith
6. (c) Age of husband or wife if alive: ? years
7. Birth date of deceased: July (Month) 12 (Day) 1863 (Year)
8. AGE: Years 84 Months 5 Days 15 If less than one day ... hr. ... min.
9. Birthplace: Leicester (City, town, or county) England (State or foreign country) 4
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Joseph Jones
13. Birthplace: England (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name: Elizabeth Lewitt
15. Birthplace: England (City, town, or county) (State or foreign country) 4
16. (a) Informant: Chas. Smith
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park
18. (a) Signature of funeral director: HLH. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 12-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 27 year 1947 hour 1 minute 30p. M.
21. I hereby certify that I attended the deceased from Sept 22, 1947 to Nov 14, 1947 that I last saw her alive on Nov 14, 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Heart failure, acute | 24 hrs |
| Due to: Coronary occlusion | 2 yrs |
| Due to: Arteriosclerosis | 10 yrs |
| Other conditions: Hypertension (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: NA
Of autopsy: None

PHYSICIAN
Underline the cause of 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: 0
23. Signature: H D Silsby (M. D. ~~or other~~)
Address: 205 St. Louis Date signed: Dec 30 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

APR 1 '48

## 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 Roy H. Mercer, Jr.

Licensed Embalmer No. 4432.

P. O. Address Springfield, 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.**