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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1708

Registration District No. 184 Primary Registration District No. 3040 Registrar's No. 14

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chillicothe mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 416 Wise St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: about 50

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Livingston
(c) City or town: Chillicothe Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: 416 Wise
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: George Silton
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: 1
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct (Month) 16 (Day) 1872 (Year)

8. AGE: Years 75 Months 3 Days 7 If less than one day hr. min.

9. Birthplace: Quincy Ill (City, town, or county) 1 (State or foreign country)
10. Usual occupation: Painter
11. Industry or business:
MOTHER FATHER
12. Name: Madison Silton
13. Birthplace: Penn (City, town, or county) (State or foreign country)
14. Maiden name: Deborah McGuigan
15. Birthplace: York Penn (City, town, or county) (State or foreign country) 1
16. (a) Informant: Jane Silton
(b) Address: Chillicothe mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Edgewood
18. (a) Signature of funeral director: E Burkett
(b) Address: Chillicothe mo
19. (a) Jan 24 48 (Date received by local registrar) (b) Frances B Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day January year 48 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 1, 1947, to Jan 23, 1948, that I last saw him alive on Jan 23, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Lymphatic Cancer — Duration 5 Mos
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 55 E
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: 0
23. Signature: Joseph Conrad (M. D. or other) M.D.
Address: Chillicothe, Mo Date signed Jan 24 48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed C Beckett

Licensed Embalmer No. 3227

P. O. Address Chillicothe 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.