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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1948

Registration District No. 42

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18777

Primary Registration District No. 1000

Registrar's No. 663

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs 7 mos 4 days (Specify whether years, months or days)
In this community 10 yr. 7 mo. 4 days.

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

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3. (a) PRINT FULL NAME MAMIE S. SILER.

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 18, (Day) 1875 (Year)

8. AGE: Years 73 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Martinsburg W. Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John T. Siler
13. Birthplace West Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Jennings
15. Birthplace West Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ella T. Roberts
(b) Address Mayview, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.

19. (a) 6-15-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1948 hour 12 — minute 15 A.M.

21. I hereby certify that I attended the deceased from June 12 1948, to June 13 1948, that I last saw her alive on June 12 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	10 hours
Due to: Cardiac degeneration	10 hours
Due to: Arteriosclerosis	10 hours
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 George M. Potter (M. D. or other)
Address St. Joseph, Mo. Date signed 6/13/48

(Licensed Embalmer's Statement on Reverse Side) State Hospital #2

AUG 27 1948

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 Frank A. Bowma

Licensed Embalmer No. 1716

P. O. Address St Joseph M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.