

FILED JUL 26 1948

DELETED 4268

Registration District No. 171

Primary Registration District No. 4268

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Mayview
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 40 yrs.
years, months or days)3. (a) PRINT FULL NAME Miss Laura V. Siler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 Dec 31st 1870
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
77 1 6 _____ hr. _____ min.9. Birthplace West Virginia (City, town, or county) (State or foreign country)10. Usual occupation House Duties

11. Industry or business _____

12. Name John T. Siler13. Birthplace Virginia (City, town, or county) (State or foreign country)14. Maiden name Elizabeth Jennings15. Birthplace Virginia (City, town, or county) (State or foreign country)16. (a) Informant Mrs. O. H. Roberts(b) Address Mayview, Missouri.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7 - 1948 (Month) (Day) (Year)(c) Place: burial or cremation Marvin Chapel(a) Signature of funeral director W. H. Baker
(b) Address Higginsville, Missouri.19. Feb 7 1948 (Date received local registrar) Letta Drummond (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
(c) City or town Mayview 3
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: About February 1st 1948
Month _____ day _____

year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Called as Acting Coroner, February 6th 1948 19 _____

that I last saw him _____ alive on _____, 19 _____

and that death occurred on the date and hour stated above.

Immediate cause of death Natural Causes Duration _____Senex Coronary OcclusionLobar Pneumonia & Empyema.Due to Found dead on floor in her home -No marks of violence - Probaly deadDue to from 4 to 6 days when foundvery poorly nourished

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: 108

Of operations _____

Of autopsy Yes / pneumonia Underline the cause to which death should be charged statistically.
on autopsied when found at home

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? _____

While at work? _____ (Specify type of place) (e) Means of injury d23. Signature W. H. Baker (M. D. or other)Address Higginsville, Missouri. Date signed 2/7/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-23-48.....

870. 1130

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 Forest Rickhoff

Licensed Embalmer No. 4284

P. O. Address Higginsville, Miss

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

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