No. 3
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33191

FILED OCT 21 1948

Registration District No. 46

Primary Registration District No. 3026

Registrar's No. 304

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0 (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence
(If outside city or town limits, write "RURAL")
(d) Street No.: 515 South Pleasant
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ERNEST (BUN) SILVERS
3. (b) If veteran, name war: ----------
3. (c) Social Security No.: 494-14-6189

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Blanche Remington Silvers
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: May (Month) 5, (Day) 1876 (Year)

8. AGE: Years 72 | Months 5 | Days 3 | If less than one day: hr. min.

9. Birthplace: Independence, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Custodian
11. Industry or business: Gleaner Harvester Co.

FATHER
12. Name: Redmond Dee Silvers
13. Birthplace: Independence, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Emilie Jane Chandler
15. Birthplace: Independence, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Blanche R. Silvers
(b) Address: Independence, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetery
18. (a) Signature of funeral director: Roland R. Speaks
(b) Address: Independence, Missouri
19. (a) 10-10-48 (Date received local registrar) (b) [signature] (Registrar's signature) 3544

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month October day 8th, year 1948 hour 6 minute 35 A. M.

21. I hereby certify that I attended the deceased from June 1, 1948, to, 19..., that I last saw him alive on, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	Sudden 1 hour
Due to: Coronary Sclerosis	1 year
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

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:

23. Signature: Fred W. Smith M.D. (M. D. or other)
Address: Kansas City-Mo Date signed 10/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Roland D. Spencer

Licensed Embalmer No. 3604

P. O. Address Independence, Missouri

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.