

LEU FEB 17 1940

Registration District No. 301 Primary Registration District No. 4304 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution County Infirmary 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mo. (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME William Sherman Stover
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 Widowed
6. (b) Name of husband's wife Alice Stover 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 3 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 28 If less than one day _____ hr _____ min.

9. Birthplace Pulaski, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Painter & Paperhanger

11. Industry or business _____
MOTHER FATHER { 12. Name Jacob Stover
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm Stover
(b) Address 420 S. Teller Grand Junction Mo.

17. (a) Burial (b) Date thereof Feb 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brookfield, Mo.

18. (a) Signature of funeral director Wm J. Lawden
(b) Address Brookfield, Mo.

19. (a) Feb 3 1940 (b) Mrs. Maud T. Webb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Linn
(c) City or town Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1940 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from Oct 18
1939, to Oct 7, 1940
that I last saw him alive on Oct 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 440
apoplexy
Due to General Arteriosclerosis

Due to _____
Other conditions g2w
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Ray J. Selby (M. D. or other) M.D.
Address Brookfield Date signed 2-2-40

WHILE FATHER USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Office No. 14,

District File Number 240-99

Date Filed FEB 12 1940

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 James Bowden

Licensed Embalmer No. 3295

P. O. Address Brookfield 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, above space should be left blank.