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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

See also 33320-42
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29889

WED OCT 15 1942

State File No. _____

Registration District No. 43

Primary Registration District No. 5142

Registrar's No. 304

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Herbert Millage Dover
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Aug day 29
year 1942 hour 3:50 minute 4 M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Lula Dover 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased 1 Aug 4 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-28, 1942 to 8-29, 1942
that I last saw him alive on 8-29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to perforated peptic ulcer
Due to 117a
Other conditions (Include pregnancy within 5 months of death) _____
Major findings: perforated peptic ulcer
Of operations _____
Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name R. A. Dover
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Gessie Gassett
15. Birthplace _____ (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? _____

16. (a) Informant _____ (b) Address _____
17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director Lloyd Russell
(b) Address Poplar Bluff, Mo.
19. (a) 9-30-42 (b) Rella Kinne
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr. Henschen (M. D. or other)
Address Poplar Bluff, Mo Date signed _____

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 1042-1291

Date Filed 10-9-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29889
Registrar's No. 304

Registration District No. 43 Primary Registration District No. 5142

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Pippitt Bluff
(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 _____
(years, months or days)

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

3. (a) PRINT FULL NAME Hubert M. Dover
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I first saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Peritonitis Duration _____

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 4 1895
(Month) (Day) (Year)

Due to ruptured peptic ulcer
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: ruptured peptic ulcer & peritonitis
Of autopsy _____

8. AGE: Years 45 Months _____ Days _____ If less than one day _____ min.
9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Farmer
11. Industry or business _____
12. Name Robert Alexander Dover
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Nisha Gassett
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (c) Means of injury _____

16. (a) Informant Lula Dover
(b) Address Pippitt Ark
17. (a) _____ (b) Date thereof 8-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cem
18. (a) Signature of funeral director Lloyd Russell
(b) Address Pippitt Ark
19. (a) 7/10/42 (b) Belle Kimmel
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

