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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Vinyard

State File No. 14299

Registration District No. 128 ~~312~~

Primary Registration District No. 2000

Registrar's No. 335

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 2 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 107

(c) City or town Cabool 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Jake Sherman Dove

3. (b) If veteran, name war no

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Grace Dove

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April (Month) 14 (Day) 1879 (Year)

8. AGE: Years 64 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Fredrick Dove
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Margaret Bashor
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. Grace Dove
(b) Address Cabool, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Cabool, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 4-29-43 (Date received local registrar) (b) Dr W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1943 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 4-26, 1943, to 4-28, 1943
that I last saw him alive on 4-28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Hemorrhagic nephritis — Duration 2 weeks

Due to Prostatic Hypertrophy — 5 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death) 137a

Major findings:
Of operations

Of autopsy acute nephritis Prostatic Hypertrophy

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 0

23. Signature Robt Vinyard (M. D. ~~or other~~)
Address Springfield Mo Date signed 4-29-43

984 (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. Walter E Hamilla

Licensed Embalmer No. 3808

P. O. Address Springfield, 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, fact should be so stated above.