

FILED AUG 9 1944  
 Registration District No. 144

Primary Registration District No. 5563

Registrar's No. 6

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

1. PLACE OF DEATH:  
 (a) County Iron  
 (b) City or town Chloride *Siemens just*  
 (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 65 years  
 In this community 65 years  
 years, months or days

3. (a) PRINT FULL NAME Benjamin Franklin Govero  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

4. Sex 0 male  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Laura C. Govero  
 6. (c) Age of husband or wife if alive 81 years  
 7. Birth date of deceased February 25 1858  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>4</u>	<u>16</u>	hr. min.

9. Birthplace Washington County Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER

12. Name unknown  
 13. Birthplace unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 (City, town, or county) (State or foreign country)  
 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Montgomery  
 (b) Address Chloride Mo.

17. (a) burial (b) Date thereof 7-14-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Chloride Mo.

18. (a) Signature of funeral director Norman White & Sons  
 (b) Address Ironton Mo.

19. (a) July 19, 1944 (b) Francis E. Howard  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Iron 47  
 (c) City or town Chloride 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
 year 1944 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1940 to July 11 1944  
 that I last saw him alive on July 10 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of throat & prostate  
 Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 512  
 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)  
 Means of injury  
 23. Signature C. M. Fitzpatrick (M. D. or other) MD  
 Address Pesterville Mo Date signed 7/13/44

1362

RECEIVED

District Health Officer No. Y  
District File Number 844-4165  
Date Filed 8-7-44

**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 Paul White  
Licensed Embalmer No. 3412  
P. O. Address Dorchester

**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.**