

FILED SEP 10 1946

Registration District No. 354

Primary Registration District No. 4519

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 55 yrs
years, months or days

3. (a) PRINT FULL NAME Grace May Dove

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / race W

5. Color or _____

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

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

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

7. Birth date of deceased: Jan 9 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace: Polk, Mo Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William R. EVERETT /

13. Birthplace _____ Ohio /
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Parmenter
(City, town, or county) (State or foreign country)

15. Birthplace Wethersfield, England
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Dove

(b) Address Cabool, Mo

17. (a) Burial (b) Date thereof Sept 1 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabool Cemetery

18. (c) Signature of funeral director Elliott Funeral Home

(b) Address Cabool, Mo

19. (a) Sept 2 (b) Raynell Cunningham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 107

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

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

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28
year 1946 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 1 yr
Duration _____

Due to _____

Due to _____

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

Major findings: 830

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury 0

23. Signature J. W. Edens (M. D. or other) _____

Address Cabool, Mo Date signed Aug 29

RECEIVED

District Health Officer No. 5

District File Number 946504

Date Filed 9-6-46

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 Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address Carol 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.