

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 655
Registrar's No. 13

Registration District No. 98 Primary Registration District No. 4163

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

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

3. (a) PRINT FULL NAME Lizzie Hover
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 14
year 1947 hour 8 minute 30P. M.
21. I hereby certify that I attended the deceased from Sept 10
1946, to Jan 14, 1947
that I last saw her alive on Jan 13 - 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elmer Hover
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased May 6 1872
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Left Mammary gland
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
74 8 8 hr. 4 min.

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations 0
Of autopsy 0

9. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name David S. Leap

13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Martha Griffith

15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Hover
(b) Address Jamesport, Missouri

17. (a) Burial (b) Date thereof 1-16-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery Jamesport, Mo

18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Mo.

19. (a) Jan. 21-1947 (b) Virginia M. Emshel
(Date received local registrar) (Registrar's signature)

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 2

23. Signature T. B. Bayley (M. D. or other) MD
Address Jamesport Mo Date signed 1-16-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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DISTRICT HEALTH OFFICE
Camden, Mo.

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

L. O. Peterson

Licensed Embalmer No. *3397*

P. O. Address *Dallatin, 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.