

FILED APR 21 1947

Registration District No. 337

Primary Registration District No. 6189

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Janey
(b) City or town Kiowa Mills Mo
(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 _____ (Specify whether)
In this community 30 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Janey 106
(c) City or town Kiowa Mills Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Bulgaria

3. (a) PRINT FULL NAME EVON ANTONA DIMITROFF

3. (b) If veteran, name war #1 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Effie May Dimitroff (c) Age of husband or wife if alive 45 years
7. (a) Date of deceased Feb 25 1881 (Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name unknown 9
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name unknown 9
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Effie May Dimitroff
(b) Address Kiowa Mills Mo

17. (a) Burial (b) Date thereof Mar 30 47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dickens Cemetery

18. (a) Signature of funeral director Elmer C. Forsyth
(b) Address Forsyth Mo

19. (a) 4-5-47 (b) C. R. Altman (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1947 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from March 24 1947 to March 28 1947; that I last saw him alive on March 25 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Chronic Coronary Heart disease

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

Major findings: Of operations AAA Of autopsy _____

Duration
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 _____

23. Signature H. C. Forsyth (M. D. or other) _____
Address Forsyth, Mo. Date signed 3-30-47

RECEIVED

District Health Officer No. 6;

District File Number 447-409

Date Filed APR 16 1947

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, ^{and} by _____

Elmer C. Forsyth, Registered Apprentice No. 421

working under my personal supervision.

Signed Minnie L. Whelchel

Licensed Embalmer No. 2277

P. O. Address Branson 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.