. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18989

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 145

1. PLACE OF DEATH:

(a) County Cole

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 7 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R # 1, Linn, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? No. 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fred C. Gove

3. (b) If veteran, name war ——— 3. (c) Social Security No. ———

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Hattie Gove 6. (c) Age of husband or wife if alive ——— years

7. Birth date of deceased Nov. 15, 1866 (Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Osage County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retired

11. Industry or business

FATHER
12. Name John Gove 4
13. Birthplace Germany 1
(City, town, or county) (State or foreign country)

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

16. (a) Informant Alfred Gove
(b) Address Freedom, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Clyde Morton
(b) Address Linn, Mo.

19. (a) 6-12-48 (Date received local registrar) (b) R. C. Harris MD NR 68 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 th.
year 1948 3:00 hour ..... minute P. M.

21. I hereby certify that I attended the deceased from June 6, 1948, to June 9, 1948
that I last saw him alive on June 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to General Arteriosclerosis

Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. A. Ossman (M. D. or other) MD

Address Jefferson City Date signed 6-14-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
Certificate File Number 1948 JUN 21
Filed

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 Vernon Moulton

Licensed Embalmer No. 4125

P. O. Address Lemi

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.