

Registration District No. 73 Primary Registration District No. 5112 Registrar's No. 130

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Brown Station R.R. # 1
(c) Name of hospital or institution:
Montgomery-H. Stover R.F.D. # 1
(d) Length of stay: In hospital or institution 71 Years
In this community 71 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Brown Station,
R.F.D. # 2
(d) Street No. R.F.D. # 2
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Montgomery H. Stover
3. (c) Social Security No. None
8. (b) If veteran, name war No

20. DATE OF DEATH: Month 15th Day May
year 1941 hour 11.30 A.M. Minute M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Bachelor
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from May 13th 1941 to May 14th 1941; that I last saw hand alive on May 14th and that death occurred on the date and hour stated above.

7. Birth date of deceased Feb. 14, 1870
(Month) (Day) (Year)

Immediate cause of death Tuberculosis
Pulmonary

8. AGE: Years 71 Months 3 Days 1 If less than one day hr. _____ min. _____

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

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John F. Stover
13. Birthplace Maryland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Swayzie
15. Birthplace Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Eugene Caldwell
(b) Address R.F.D. # 2 Brown Sta. Mo.

17. (a) Burial (b) Date thereof MAY 16, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dripping Spring Cemetery

18. (a) Signature of funeral director A. R. M... Boonville, Missouri
(b) Address Boonville, Missouri

19. (a) 5/16/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy no

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 S. A. Bradford (M. D. or other) D
Address Clinton, Mo. Date signed 5/16/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10000

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 T. Hoekney
Licensed Embalmer No. 3598
P. O. Address Moberly, 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, above space should be left blank.