FILED DEC 6 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39264

Do not use this space.

1. PLACE OF DEATH

(a) County St Clair — Registration District No. 763

(b) Township Butler — Primary Registration District No. 4468 — Registered No. 116

or

(c) City Lowry City Mo (d) Street No. ..... St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Asa Green Gover

(a) Residence, No. Lowry City Mo St Clair Co St. ☐

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF — (OR) WIFE OF Margaret Harper Gover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1868

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Near Iconium (STATE OR COUNTRY) St Clair Co Missouri

FATHER

13. NAME Levi Milton Gover

14. BIRTHPLACE (CITY OR TOWN) Not Given (STATE OR COUNTRY) Alabama

MOTHER

15. MAIDEN NAME Malinda Jane Thompson

16. BIRTHPLACE (CITY OR TOWN) Not Given (STATE OR COUNTRY) Tenn.

17. INFORMANT Lizzie Murray (ADDRESS) Osceola Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Iconium Cemetery DATE 11/5/ 1941

19. FUNERAL DIRECTOR (NAME) H. C. Austin (ADDRESS) Lowry City Mo

20. FILED 11/5 1941 Sophia L. Stratton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/4/41, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/4/41, 19, to 11/4/41, 19

I last saw he alive on 11/3/41, 19. Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hip Joint Disease	Long
Osteomyelitis	
Infection Unknown	Long

Other contributory causes of importance:

154 lb 2

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Leo Sheldon Wright, M. D.

(Address) Lowry City, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16605

RECEIVED
District Health Officer No. 7,
District File Number 12-41-1973
Date Filed 12-5-41

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 H. C. Austin

Licensed Embalmer No. 3609

P. O. Address Lowry City 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.