

Registration District No. **2194**

Primary Registration District No. **5834**

Registrar's No. **11**

1. PLACE OF DEATH:
(a) County **Newton**
(b) City or town **Diamond**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **7 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Fred Ephraim Dove**
3. (b) If veteran, name war **World War I** 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Evelyn Boehning** 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **Feb 23 1897** (Month) (Day) (Year)

8. AGE: Years **47** Months **2** Days **4** If less than one day hr. min.

9. Birthplace **Coatool Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Barber**

11. Industry or business
MOTHER FATHER { 12. Name **Andrew N. Dove**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Mary N. Mulaney**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Evelyn Dove**
(b) Address **Diamond, Missouri**
17. (a) **Burial** (b) Date thereof **4-30-44** (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Diamond Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**
(b) Address **Carthage, Missouri**
19. (a) **4-28-44** (b) **Mrs. U. S. Chapman** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Newton**
(c) City or town **Diamond** (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **27** year **1944** hour **6** minute **30** A.M.

21. I hereby certify that I attended the deceased from **4-23-44** to **4-27-44**, that I last saw him alive on **4-27-44** and that death occurred on the date and hour stated above.

Immediate cause of death **1. Pulmonary congestion**
2. Valvular disease of heart Duration **24 hrs**

Due to **Acute Nephritis**

Due to **92d**

Other conditions (Include pregnancy within 8 months of death)
Major findings: **none made**
Of operations
Of autopsy **none performed**

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature **G. C. De Bolt M.D.** (or other)
Address **Diamond Mo** Date signed **4/28/44**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 18 1948

RECEIVED
District Health Officer No. 5-5-44
Licence File Number 544.92
Licence No. 5-11-44

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 *E. L. Lerner*

Licensed Embalmer No. 2222

P. O. Address *Carthage*

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.

MAY 19 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 11

Registration District No. 246

Primary Registration District No. 6-834

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

3. (a) PRINT FULL NAME Jed E. Soue
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

7. Birth date of deceased Feb. 23 1891
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days _____ (If less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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

20. DATE OF DEATH: Month April day 19 year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Edema of lungs
Due to Terminal nephritis
cause unknown

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

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____ (Specify means of injury)
23. Signature G. C. DeBolt M.D. (M.D. or other) _____
Address Diamond Mo Date signed 2/16/44

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

SUPPLEMENTARY

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

SEP 27 1944

15306

Handwritten notes, possibly including "M. 92" and "L. B. 1".