

S. No. 2
M-5-43
P. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17778**

Registration District No. **274**

Primary Registration District No. **39-35**

Registrar's No. **129**

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

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia, Rural Sedalia, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R. F. D. #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 60 years
(Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Sedalia, Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. R. F. D. #1
(If rural, give location)
 (e) Citizen of foreign country? No **D** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ben Herman Dove
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 5 day 15
 year 1945 hour 6 minute 45 P.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. in alive on about Jan 1, 1945
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed
 6. (b) Name of husband or wife Theresa Dove 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 25 1855
(Month) (Day) (Year)

Immediate cause of death Semility Duration 3 yrs

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>2</u>	<u>20</u>	_____ hr. _____ min.

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

9. Birthplace Prussia
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer

Major findings:
 Of operations _____
 Of autopsy 16 2/2
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Herman Dove
 13. Birthplace Prussia
(City, town, or county) (State or foreign country)
 14. Maiden name Adelheid Hulskor
 15. Birthplace Prussia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Weber
 (b) Address R. F. D., Sedalia, Missouri
 17. (a) Burial (b) Date thereof May 18, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director McLaughlin Bros.
 (b) Address Sedalia, Missouri
 19. (a) 5-18-45 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury M.O
 23. Signature A. L. Walter (M. D. or other) M.O
 Address Sedalia Mo Date signed 5-19-45

6:45 P.M May 15

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6/6/43

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 K. P. M. Cravy

Licensed Embalmer No. 3153

P. O. Address Dedalia 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.