S. No. 2
-11-38-39
5-12-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19698

Registration District No. 821

Primary Registration District No. 4553

Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North Street
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 YRS
years, months or days)

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

3. (a) PRINT FULL NAME John Eldridge Dover 160
3. (b) If veteran, name war NONE
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Addie Dover
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased October (Month) 5 (Day) 1858 (Year)

8. AGE: Years 81 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Sulphur Springs, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Railroad Agent 0
11. Industry or business Mo. Pac. R.R. 1
MOTHER FATHER
12. Name J. B. Dover
13. Birthplace Indiana (City, town, or county) (State or foreign country) 0
14. Maiden name Margaret Lucas
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Harry Dover
(b) Address Sikeston, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 5 (Day) 1940 (Year)
(c) Place: burial or cremation Sikeston City Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Sikeston Missouri
19. (a) 6-6-1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 rd
year 1940 hour 2 minute 0 A M.
21. I hereby certify that I attended the deceased from 5-28-40, 19..., to 5-3-40, 19...;
that I last saw him alive on 5-3-40, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Cardiac Valvular Disease	2 yrs.
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Coronary Thrombosis	?

Major findings:
Of operations 92 N
Of autopsy

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? 7+2
While at work? (Specify type of place) (e) Means of injury

23. Signature Howard C. McClure (M. D. or other) 1
Address Sikeston, Mo. Date signed 5-6-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 640-112
Date Filed 6/10/40

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 Harvey S Johnson

Licensed Embalmer No. 3704

P. O. Address Sikeston, 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.