

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38298
State File No. _____
Registrar's No. 67

FILED DEC 5 1944
Registration District No. 2042

Primary Registration District No. 3042

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Fredericktown
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Martha Alice Hovis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hiram A. Hovis 6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased July 8 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 12 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ephram Senter

13. Birthplace Unknown No. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Missouri Catherine Fronabarger

15. Birthplace Unknown No. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Wayne Hovis

(b) Address Fredericktown, Missouri

17. (a) Removal (b) Date thereof 11-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gravelton, Mo.

18. (a) Signature of funeral director Stanley H. Dixon

(b) Address Fredericktown, Mo.

19. (a) Nov 21 1944 (b) S. C. S. Langhorne
(Date received local registrar) (Registrar's signature)

481 Payne St. S. C. S. Langhorne
(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison 6.2
(c) City or town Fredericktown 1
(If outside city or town limits, write "RURAL")
(d) Street No. 318 East Franklin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20th.
year 1944 hour 2:18 minute P. M.

21. I hereby certify that I attended the deceased from July 1942 to November 20 1944
that I last saw her alive on November 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration Duration 1 yr.

Due to Chronic paroxysmal aflutter 10 yrs.

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

Major findings: Of operations _____

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?

While at work? _____ (Specify type of place)

(e) Means of injury 2

23. Signature E. W. DeLuene (M. D. or other) D.O.

Address Fredericktown Mo Date signed 11-21-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 1244-4611
Date Filed 12-6-44

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: _____

working under my personal supervision.

Signed _____, Registered Apprentice No. _____

Licensed Embalmer No. 4193

P. O. Address Fredericktown, 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.