No. 2
-2-43
-17-39
X35697

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

1538

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 2 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3280

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 97

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)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town Fredericktown /
(If outside city or town limits, write "RURAL")
(d) Street No. 217 West Main /
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALICE MYERS HITZMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry H. Hitzman

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased November (Month) 16 (Day) 1861 (Year)

8. AGE: Years 84 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Myers
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Mary Stover
15. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Miss Violet Hitzman
(b) Address 217 West Main, Fredericktown

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Stanley H. Dixon
(b) Address Fredericktown, Missouri

19. (a) 1-30-46 (Date received local registrar) (b) Florence Hicks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd year 1946 hour 1:32 minute P. M.

21. I hereby certify that I attended the deceased from ~~Oct 18~~ Oct 18, 1945 to Jan 2 1946 that I last saw he alive on Jan 2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolii — Duration 4 days
Due to Cause unknown
Due to
Other conditions Anaemia, Pernicious — 4 months
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 83

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

23. Signature [illegible] (M. D. or other)
Address Fredericktown Date signed 1-9-46

187 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 246-1617

Date Filed 2-1-46

JUL 15 1946

FEB 7 1948

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 Stanley H. Dixon

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.