

FILED FEB 11 1948

Registration District No. 316

Primary Registration District No. 3061

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River, mo  
(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 \_\_\_\_\_ years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois <sup>94</sup>

(c) City or town Flat River, mo <sup>5</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ <sup>21</sup>  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) <sup>0</sup>

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WALTER L. Hovis

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8  
year 1946 hour 2 minute 30 P.M.

4. Sex ma 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hattie Hovis (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 2nd 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 9 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace near Fredericktown, mo  
(City, town, or county) (State or foreign country)

Immediate cause of death Coroner Jury Verdict: Suicide Duration \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

11. Industry or business laborer

12. Name Mark Hovis

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

14. Maiden name Susan Hammock

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

Due to gun shot wound in left chest

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

MOTHER FATHER

16. (a) Informant Hattie Hovis  
(b) Address Flat River, mo

17. (a) Burial (b) Date thereof 1-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Memorial Park

18. (a) Signature of funeral director Baldwell Bros  
(b) Address Flat River, mo

19. (a) Jan. 22-1946 (b) C. E. R. R. R. R. R.  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy 10/40

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) Suicide

(b) Date of occurrence Jan 8, 1946

(c) Where did injury occur? Flat River St. Francois Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

(e) While at work? no (Specify type of place) gun shot wound in chest  
(f) Means of injury gun

23. Signature Paul J. Miller (M.D. or other) Coroner  
Address Farmington Mo Date signed 1/9/46

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

1893

RECEIVED

District Health Officer No. 4  
District File Number 246-1709  
Date Filed 2-8-46

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 W. A. Baldwin

Licensed Embalmer No. 3317

P. O. Address Flat River 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.