FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18576

Primary Registration District No. 4009

Registrar's No. 242

1. PLACE OF DEATH:
(a) County: Andrew
(b) City or town: SAVANNAH (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Nicholas San (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: 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State: Montana (b) County: Yellestone 999
(c) City or town: Billings (If outside city or town limits, write "RURAL") 240
(d) Street No.: 411 South 31st (If rural, give location) 2
(e) Citizen of foreign country? No (~~Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME: Kate Hoyem
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: M
6. (b) Name of husband or wife: Mike Hoyem
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: Oct (Month) 21 (Day) 1884 (Year)

8. AGE: Years 63 Months 7 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace: Chatuga (City, town, or county) Tenn (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
MOTHER FATHER
12. Name: Butler
13. Birthplace: Un Known (City, town, or county) U (State or foreign country)
14. Maiden name: Un Known
15. Birthplace: Un Known (City, town, or county) U (State or foreign country)
16. (a) Informant: Mike Hoyem
(b) Address: 411 South 31st Billings Mon
17. (a) B. (Burial, cremation, or removal) (b) Date thereof: Not definite (Month) (Day) (Year)
(c) Place: burial or cremation: Billings Montana
18. (a) Signature of funeral director: E. C. Brect
(b) Address: Savannah Mo
19. (a) 6-12-48 (Date received local registrar) (b) Lillian Park (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 10 year: 1948 hour: 4 minute: 30 P.M.

21. I hereby certify that I attended the deceased from June 9, 1948, to June 10, 1948, that I last saw her alive on June 10, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis — Duration: Few hours
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autops.:

PHYSICIAN — Underline the cause of 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: O

23. Signature: J. C. Ottward (M. D. or other)
Address: Savannah Mo Date signed: 6/10/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 6 1948

JUN 7 1951

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. C. Brect

Licensed Embalmer No. 2650

P. O. Address Savannah

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.