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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36094

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 149

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren 109
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 4 miles S.E. Dutzow, Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK JOSEPH HOTMER
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 Widowed
6. (b) Name of husband or wife Louisa Hotmer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 26 (Day) 1871 (Year)

8. AGE: Years 77 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Augusta (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Benard Hotmer
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Louisa Kettler
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Herman Hotmer
(b) Address Marthasville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Dutzow, Mo.
18. (a) Signature of funeral director Wilmon F. Luchtenberg
(b) Address Marthasville, Mo.
19. (a) Dec. 9, 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1948 hour 7:30 minute A.M.
21. I hereby certify that I attended the deceased from July 2, 1948, to Dec 7, 1948 that I last saw him alive on Dec 6, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	2 yrs
Due to: general arteriosclerosis	10 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 9 3 0	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Herbert H. Schmidt (M. D. or other) MD
Address Marthasville, Mo. Date signed 12-8-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number DEC 13 1948
Date Filed

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 Delmont F. Lichtenberg

Licensed Embalmer No. 4318

P. O. Address Marthasville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.