S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34974
State File No.

FILED NOV 2 1945

Registration District No. 320 Primary Registration District No. 4265 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Wayne
(b) City or town Rural Corvan Twp
(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, months or days)

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

3. (a) PRINT FULL NAME Callis S. Hovis,
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 Widow, /
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 21 (Day) 1861 (Year)

8. AGE: Years 84 Months 7 Days 8 If less than one day hr. min.

9. Birthplace Mt Vernon (City, town, or county) Illinois, (State or foreign country)
10. Usual occupation
11. Industry or business House Work,

MOTHER FATHER
12. Name Mathew Davis,
13. Birthplace Tenn, / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Letha Richards,
15. Birthplace Tenn, / (City, town, or county) (State or foreign country)

16. (a) Informant Herbert Mathews
(b) Address Hiarm Missouri,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 1 (Day) 1945 (Year)
(c) Place: burial or cremation Wesley Cemetery
18. (a) Signature of funeral director Watkins Service
(b) Address Puxico Missouri,
19. (a) Oct 2 1945 (Date received local registrar) (b) Mabel Beasley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1945 hour 11 minute 30 P M.
21. I hereby certify that I attended the deceased from Sept 22 - 45 19 to Sept 29 19 45 that I last saw h alive on Sept 26 - 45 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to: /	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John F Wagner (M. D. or other) M. D.
Address Kennett, Mo. Date signed Sept 29 45

1607 (Licensed Embalmer's Statement on Reverse Side)

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 Raymond Steele

Licensed Embalmer No. 2476

P. O. Address Wesley 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.