MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D APR 21 1939

11122
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township
(c) City Carthage, Mo.
(d) Street No. McCune-Brooks Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 408
Primary Registration District No. 3020
Registered No. 46

340

2. PRINT FULL NAME Alex. R. Motley
(a) Residence, No. Route #3, Carthage, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Hinton Motley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1883

7. AGE: Years 55 | Months 7 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer, blacksmith
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Bowling Green Kentucky

FATHER
13. NAME William Motley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Martha Keith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. A. R. Motley, Carthage, Route #3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dudman Cemetery DATE 3-17-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ulmer Funeral Home, Carthage, Mo.

20. FILED Mch. 17, 1939 E. J. McGuire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1939 to Mar 15, 1939
I last saw him alive on Mar 15, 1939. Death is said to have occurred on the date stated above, at 1:15 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset ?
93C

Other contributory causes of importance:
Bronchial asthma ?

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) George H. Wood, M. D.
(Address) Carthage Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-39-786
Date Filed APR 11 1939

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 Edlewhmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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

If this body is not embalmed, above space should be left blank.