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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31743

State File No. _____

Registration District No. 413 **FILLED OCT 6 1941** Primary Registration District No. 5559.C. Registrar's No. 37

1. PLACE OF DEATH:

(e) County Jasper

(b) City or town Rural, Mineral Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Webb City R# 1
(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 74 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 45

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R # 1 Webb City 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James David Motley

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1941 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from Feb 17 1941 to Sept 25 1941; that I last saw him alive on Sept 25 1941; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Belle

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased June 22 1867
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Duration _____

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>74</u> | <u>3</u> | <u>3</u> | hr. _____ min. _____ |

Due to _____

Due to 83a'

9. Birthplace Unknown Jasper co.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farmer

Major findings: Of operations _____

11. Industry or business None

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Mastin Motley

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

14. Maiden name Sarah Cogle

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Leonard Ulmer

(b) Address R# 1 Webb City

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof Sept 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Date of occurrence _____

(c) Place: burial or cremation Park Cemetery

(d) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

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

19. (a) SEPT. 25. 41 (b) J. L. Hutchins
(Date received local registrar) (Registrar's signature)

23. Signature J. L. Hutchins (M. D. or other) 200.

Address 205 W. Broadway Date signed 9/25/41

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

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 *John D. Batchelder*
Licensed Embalmer No. *4153*
P. O. Address *Carthage Mo*

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

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