

FILED DEC 9 1941
Registration District No. _____

Primary Registration District No. 4093

1. PLACE OF DEATH:

(a) County Grass
(b) City or town Grasshopper, Town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Railroad Grasshopper
(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 Johnson
(c) City or town Fringville (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Betty Frances Mote
3. (b) If veteran, name was _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1941 hour 1:39 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture, broken neck, internal injuries fractured skull

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence Nov 14, 1941

(c) Where did injury occur? Strawberry Cove Mo (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) (e) Means of injury Fractured car

23. Signature DeWensley M. S. (M. D. or other) _____

Address Harrisonville Date signed 11/16/41

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Luther Mote 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan - 15 - 1913
(Month) (Day) (Year)

8. AGE: Years 28 Months 9 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Fringville Mo (City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business _____

12. Name Chas. C. Nolan

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

14. Maiden name Betta Waters

15. Birthplace Independence Mo (City, town, or county) (State or foreign country)

16. (a) Informant Operator

(b) Address Grasshopper Mo

17. (a) Burial (b) Date thereof 11/17/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grasshopper Cemetery Public Road

18. (a) Signature of funeral director D. A. Johnson

(b) Address Pleasant Hill Mo

19. (a) 11/16/41 (b) W. Beckman, M.D.
(Date received local registrar) (Registrar's signature)

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

9
0
0

156

Coroner

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

WE hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~us~~, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Wilton L. Kesby
4225 St
Independence, Mo.

Signed *D. D. Noflinger*
Licensed Embalmer No. *3938*
P. O. Address *Pleasant Hill*

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, above space should be left blank.