

No. 2
-5-42
5-17-39

FILED FEB 28 1946 243
Registration District No. Primary Registration District No. **16158**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Stoddard**
(b) City or town **Assess, Mo. Rt 2**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Residence**
(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 **Arkansas** (b) County **Clay 999**
(c) City or town **Coring** (If outside city or town limits, write "RURAL") **3**
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No) **No**
If yes, name country _____

3. (a) PRINT FULL NAME **Eldridge M. Motesinger**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Ear Motesinger** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **July 20 1870**
(Month) (Day) (Year)

8. AGE: Years **75** Months **5** Days **18** If less than one day _____ hr. _____ min.

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **farm work**

11. Industry or business _____

12. Name **Jeff Motesinger**
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Honey Hester**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ear Motesinger**
(b) Address **Assess, Mo. Rt 2**

17. (a) **burial** (b) Date thereof **2-10-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Coring, Ark**

18. (a) Signature of funeral director **W. H. H. H. H.**
(b) Address **Coring, Ark**

19. (a) **Feb 25 46** (b) **Ear Motesinger**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **8**
year **1946** hour **4** minute **P.M.**

21. I hereby certify that I attended the deceased from **Feb 6** 19 **46**
to **Feb 6** 19 **46**
that I last saw him alive on **Feb 6** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia Primary** Duration **1 week**

Other conditions **Arterio sclerosis** **10 yrs.**
(Include pregnancy within 3 months of death)

Major findings: **101**
Of operations **None performed**
Of autopsy **None performed**
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 **Ear Motesinger** (M.D. or other) **MD**
Address **Blount Ave** Date signed **2-12-46**

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

MOTHER FATHER

3010

RECEIVED

District Health Office No. 2

District File Number 246-227

Date Filed 2/26/46

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

Julius Johnson

Licensed Embalmer No.

486 + 4271

P. O. Address

Canning, 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.