S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5772

Registration District No. 286 Primary Registration District No. 4424 Registrar's No.

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution: Demmitt Memorial Hospital
(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 Polk 84

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Emma Mottesheard

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

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

6. (b) Name of husband or wife Arthur Mottesheard 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March (Month) 16 (Day) 1881 (Year)

8. AGE: Years 65 Months 11 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Hickory Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Alonzo Robbins
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Melissa Parkhurst
15. Birthplace Mercer Co. (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant J Mottesheard
(b) Address Manhattan, Montana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 3-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Flemington Cemetery

18. (a) Signature of funeral director E H Grimm
(b) Address Humansville, Mo.

19. (a) Mar. 4-47 (Date received local registrar) (b) Lucille Kirkpatrick O.M.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1947 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from 2/15, 1947, to 3/1, 1947; that I last saw her alive on 3/1, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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 0

23. Signature G G Robinson M.D. (M. D. or other)

Address Humansville, Mo Date signed 3/3/47

262 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-42-230
Date Filed 3-10-47

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 W. J. Cresswell, Registered Apprentice No. 472, working under my personal supervision.

Signed E H Primm

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.