7. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY,
National Office of Vital Statistics

FILED JAN 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1482

Registration District No. 157 — Primary Registration District No. 3028 — Registrar's No. 15

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 1019 S. Garrison Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ----

3. (a) PRINT FULL NAME: JOHN HENRY HARRISON MOTE
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Zebbie L. Mote
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: February (Month) 27 (Day) 1877 (Year)

8. AGE: Years 70 | Months 10 | Days 14 | If less than one day: hr. min.

9. Birthplace: Dark County (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: county treasurer
11. Industry or business: Jasper County

MOTHER FATHER
12. Name: John S. Mote
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
14. Maiden name: Sarah Ann Dunlap
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant: J. Homer Mote
(b) Address: 1220 S. Main, Carthage, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Jan 13, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri
19. (a) 1-13-1948 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 1948 hour 5 minute 35 P.M.

21. I hereby certify that I attended the deceased from Feb 16 1946 to Jan 11 1948 that I last saw him alive on Jan 11 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia with Coma	4 days
Due to: Chr Nephritis diffuse	7 yrs
Due to: Chr Myocarditis interstitial	7 yrs
Other conditions (include pregnancy within 3 months of death): Diabetes Mellitus	5 yrs

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause of 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: George H. Wood (M. D. or other)
Address: Carthage Mo Date signed: Jan 12 '48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-1-16

AUG 12 1954

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 Frank W. Kueel Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.