

FILED JUL 30 1948

State File No.

Registration District No. 314

Primary Registration District No. 6061

Registrar's No. 476

1. PLACE OF DEATH:

(a) County St. Clair (Chalk Level) Twp;  
(b) City or town Lowry City (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 67 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair <sup>93</sup>  
(c) City or town Lowry City (Rural) <sup>0</sup>  
(If outside city or town limits, write "RURAL") <sup>0</sup>  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna M. Motley

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

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

6. (b) Name of husband or wife James Motley 6. (c) Age of husband or wife if alive 22 years 1866

7. Birth date of deceased (Month) October (Day) 22 (Year) 1866

8. AGE: Years 81 Months 5 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Johnson County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business \_\_\_\_\_

12. Name John T. Perkins 13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Walter Motley (b) Address Lowry City Missouri

17. (a) Burial (b) Date thereof 6/14/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kidds Chapel Cemetery

18. (a) Signature of funeral director F. B. Goodrich

(b) Address Osceola Missouri

19. (a) 7-27-48 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1948 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 1947 to June 12 1948 that I last saw her alive on June 4 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism  
Due to Myocarditis, Coronary Stenosis, Nephritis

Other conditions Paralle carcinoma of Liver  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_  
Of autopsy 46

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) 2  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) RO  
Address Lowry City Mo Date signed 6-17-48

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

RECEIVED

District Health Officer No.

District File Number 6-48-8

Date Filed 7-29-80

AUG 2 1948

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 J.B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola, 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.