

SEP 28 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30294
Do not use this space.

1. PLACE OF DEATH

(a) County Worth
(b) Township Smith
(c) City Albion
(e) Length of residence in city or town where death occurred

(d) Street No. 903
Primary Registration District No. 6-2-11

Registered No. _____

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. CYNTHIA MOTSINGER 325
(Usual place of abode, if no street address, write county or city) St. Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C.C. Motsinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1844

7. AGE YEARS 94 MONTHS 7 DAYS 23 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Brockland (STATE OR COUNTRY) Illinois

13. NAME Edward Van Dier

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

15. MAIDEN NAME Gene Hallway

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Phil Motsinger
Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hick Cemetery DATE Aug 27, 1938

19. FUNERAL DIRECTOR (NAME) Arch C. Dingle (ADDRESS) Grant City, Mo.

20. FILED 9-9 1938 Red Mull M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1938 to Aug 25, 1938

I last saw him alive on Aug 23, 1938 Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Senility

Date of onset

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. H. Rose M. D.

(Address) Grant City, Mo.

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,

Arch C. Dumble

, or by

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

Signed

Arch C. Dumble

Licensed Embalmer No.

3252

P. O. Address

Grant City, 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, above space should be left blank.