

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D OCT 5 1938

33589

Do not use this space.

1. PLACE OF DEATH

(a) County Worth Registration District No. 903
(b) Township Smith Primary Registration District No. 6211
(c) City Grand City, Mo. (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

CHRISTOPHER RILEY MOTSINGER

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State) 205
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Virginia Motzinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1862

7. AGE YEARS 75 MONTHS 10 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) Nov. 1, 1937
11. Total time (years) spent in this occupation 53 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grand
Iowa

FATHER 13. NAME C. C. Motzinger 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Cynthia Ann Vandine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown
Ohio

17. INFORMANT (ADDRESS) Ray Motzinger
Grand City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Home DATE 10/13/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arch C. Dwyer
Grand City, Mo.

20. FILED 10-4 1938 Red April M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1938, to Aug 11, 1938
I last saw him alive on Aug 5, 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:

Myocard degeneration of heart Date of onset _____

Other contributory causes of importance: 220

Name of operation _____ Date of _____

What test confirmed diagnosis? Spinal fluid Was there an autopsy? W

23. If death was due to external cause (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) J. H. S. M.D. M. D.

(Address) Grand 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. Dunfee

or by

Registered Apprentice No., working under my personal supervision.

Signed

Arch C. Dunfee

Licensed Embalmer No. *3252*

P. O. Address *Franklin 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.