DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 24 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24979

Registration District No. 73 | Primary Registration District No. 3006 | Registrar's No. 165

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: Boone County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 hour (Specify whether years, months or days) In this community: 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone

(c) City or town: Columbia (If outside city or town limits, write "RURAL")

(d) Street No.: 417 W. Walnut (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: NEWLAND DAVID MOTSINGER

3. (b) If veteran, name war: World War

3. (c) Social Security No.: 490-07-0843

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of ~~husband~~ or wife: Harriett Motsinger

6. (c) Age of ~~husband or~~ wife if alive: 50 years

7. Birth date of deceased: 12 (Month) 27 (Day) 1886 (Year)

8. AGE: Years 52 | Months 7 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace: Salem (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: Home Furnishing Salesman

11. Industry or business: ____

FATHER
12. Name: Leander Paul Motsinger
13. Birthplace: Salem (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name: Deborah Newlon
15. Birthplace: Salem (City, town, or county) Indiana (State or foreign country)

16. (a) Informant's own signature: Mrs N. D. Motsinger
(b) Address: 417 W. Walnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-14-1939 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Memorial Park

18. (a) Signature of funeral director: Parker Furniture Co.
(b) Address: Columbia, Mo.

19. (a) 8/14/39 (Date received by local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 12 year: 1939 hour: 4 minute: 30 P M.

21. I hereby certify that I attended the deceased from Aug 8, 1939 to Aug 12, 1939 that I last saw him alive on Aug 12, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration: 8/12/39

Due to: 94 hr

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: no

Of autopsy: no

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): no

(b) Date of occurrence: no

(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: [illegible] (M. D. ~~or coroner~~)

Address: Columbia Mo Date signed: 8/14/39

(Licensed Embalmer's Statement on Reverse Side)

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

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.

MO. 1-1-38 (Rev. 1 X 19811)

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 W. N. Whiteside

Licensed Embalmer No. 3893

P. O. Address Columbia

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.