

Registration District No. **40** Primary Registration District No. **5653** Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Lincoln  
 (b) City or town Siles Mo.  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location) 20  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community all his life years, months or days  
**3. (a) PRINT FULL NAME** Hiram M. D. Motley  
**3. (b) If veteran,** name war no. **3. (c) Social Security** No. \_\_\_\_\_  
**4. Sex** Male **5. Color or race** white  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
Nov. 12 - 1856 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>7</u>	<u>5</u>	hr. _____ min. _____

**9. Birthplace** Lincoln Co. Mo. (City, town, or county) (State or foreign country)  
**10. Usual occupation** Farmer

**11. Industry or business** \_\_\_\_\_  
**12. Name** Samuel C. Motley  
**13. Birthplace** Virginia (City, town, or county) (State or foreign country)  
**14. Maiden name** Deborah Jane  
**15. Birthplace** Prineas, Lincoln Co. Mo. (City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Cyril C. Fisher  
**(b) Address** Lawling Green Mo.  
**17. (a)** \_\_\_\_\_ **(b) Date thereof** 6-19-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Millwood Cemetery  
**18. (a) Signature of funeral director** Rather Car.  
**(b) Address** Siles Mo.  
**19. (a)** 6-17-1940 **(b)** O. H. Dameron  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Lincoln  
 (c) City or town Rural (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? Native years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month June day 17  
 year 1940 hour 1:45 minute 45A.M.  
**21. I hereby certify that I attended the deceased from** June  
- 10 - 1940 to June - 17 - 1940  
 that I last saw him alive on June 15, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poison  
 Due to Chronic interstitial Nephritis  
 Due to \_\_\_\_\_

Other conditions Prostatitis Chronic  
 (Include pregnancy within 3 months of death)  
**Major findings:** Of operations \_\_\_\_\_  
 Of autopsy No

**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** O. H. Dameron (M. D. or other) \_\_\_\_\_  
 Address Siles Mo. Date signed \_\_\_\_\_

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

**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 me

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

Signed W. R. Vannoy

Licensed Embalmer No. 2251

P. O. Address Silet, 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.**