

FILED AUG 21 1940

26005

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 684

Primary Registration District No. 4465

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Bowling Green

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

years, months or days

3. (a) PRINT FULL NAME Mary Elizabeth Motley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____ years

7. Birth date of deceased July 19 1867

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>11</u>	<u>19</u>	hr. min.

9. Birthplace St Albans, St. Louis Co Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Mary Cauey

13. Birthplace Ireland

(City, town, or county) (State or foreign country)

14. Maiden name John Rogister

15. Birthplace Scotland

(City, town, county) (State or foreign country)

16. (a) Informant's own signature Thomas Motley

(b) Address Bowling Green, Mo.

17. (a) Burial (b) Date thereof 7-10-40

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Clement Cemy

18. (a) Signature of funeral director Wm. W. Sumner

(b) Address Bowling Green Mo

19. (a) 7-14 (b) W. Sumner

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Bowling Green

(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. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 8th.

year 1940 hour 12:30 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 1, 1940, to July 8, 1940.

that I last saw her alive on July 8, 1940.

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Aortic insufficiency

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: none

Of operations none

Of autopsy none

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) _____

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Perry M.D. (M. D. or other)

Address Bowling Green, Mo Date signed 7/9/40

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.

FORM 5-17-39
Rev. 5-17-39
U. S. GOVERNMENT PRINTING OFFICE

RECEIVED

District Health Officer No. 10

District File Number 8-40-1500

Date Filed AUG 7 1940

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.....

Grace Bankhead

Licensed Embalmer No.....

2204

P. O. Address.....

Bowling Green, Md

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.