

REC'D JUN 4 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18143

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 40

449
266
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(c) Name of hospital or institution: 702 N. TOM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 140 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 702 N. Tom (If rural, give location)
(e) If foreign born, how long in U. S. A.? 01 years

3. (a) PRINT FULL NAME Malinda Rosema Motley
3. (b) If veteran, name war: /
3. (c) Social Security No. /

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 3rd year 1941 hour 12.50 minute 05 M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Motley 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased: Jan 13 1877 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-1-41 to 5-3-41 that I last saw him alive on 5-3-41 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion
Due to: /
Due to: /
Other conditions: /
(Include pregnancy within 3 months of death)

8. AGE: Years 64 Months 3 Days 20 If less than one day hr. min.
9. Birthplace: Perry Missouri (City, town, or county) (State or foreign country)

Major findings: /
Of operations: /
Of autopsy: /
PHYSICIAN: /
Underline the cause to which death should be charged statistically.

10. Usual occupation: /
11. Industry or Business: /
12. Name: Jas. H. Stennett
13. Birthplace: S. Carl (City, town, or county) (State or foreign country)
14. Maiden name: Fannie D. Stennett
15. Birthplace: See 1 (City, town, or county) (State or foreign country)

16. (a) Informant: George Motley
(b) Address: 702 N. Tom St. Webb City
17. (a) Burial (b) Date thereof: May 5 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Carterville, Mo.

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?

18. (a) Signature of funeral director: Webb City
(b) Address: Webb City
19. (a) MAY 5. 41 (Date received local registrar) (b) J. H. Outchett M. (Registrar's signature)

23. Signature: M. D. King (M. D. or other) M.D.
Address: 208 W. Broadway Date signed: 5-3-41

41-6-449

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 myself

....., Registered Apprentice No.

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb 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, fact should be so stated above.