No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38726

DEC 15 1941 495
Registration District No.

Primary Registration District No. 5659

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Lincoln
(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lincoln
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Near Louisville Missouri (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Permelia Frances Motley
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: James D. Motley
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 20 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
74	3	26	hr. min.

9. Birthplace: Corso (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: none
MOTHER FATHER
12. Name: Wm Mabry
13. Birthplace: Lincoln Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Martha Nunn
15. Birthplace: Lincoln Co (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: A. F. Mabry
(b) Address: Corso Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11 15 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: New Liberty Cemetery
18. (a) Signature of funeral director: Argue Bros & Heap
(b) Address: Bowling Green Mo.
19. (a) Nov. 18-1941 (Date received local registrar) (b) Mabry Motley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 16 day year 1941 hour 7 minute P M.
21. I hereby certify that I attended the deceased from Aug. 15 1940, to Nov. 16 1941, that I last saw her alive on Sept 1 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of uterus — Duration
Due to:
Due to: HBC
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Carcinomatous uterus
Of autopsy:

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):
(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: 0

23. Signature: Eugene Barnyman (M. D. or other)
Address: Bowling Green, Mo Date signed 11/17/41

44 (Licensed Embalmer's Statement on Reverse Side)

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 Bamhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green

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.