

FILED APR 15 1942

Registration District No. 35

Primary Registration District No. 1007

1. PLACE OF DEATH:

(a) County BUCHANAN  
(b) City or town ST JOSEPH  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: MO. METHO. HOSPITAL  
(If not in hospital or institution, write street number and location) 0  
(d) Length of stay: In hospital or institution 4 days (Specify whether  
In this community 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County North  
(c) City or town (Rural) Grant City (If outside city or town limits, write "RURAL") 1113  
(d) Street No. (If rural, give location) 000  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country 1

3. (a) PRINT FULL NAME KENSEL EUGENE MOTSINGER

3. (b) If veteran, name war. ✓ 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased April 2 1932 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
9 11 24 hr. min.

9. Birthplace Grant City Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation (Child)

11. Industry or business

12. Name Charles Motsinger

13. Birthplace Grant City Mo. 0 (City, town, or county) (State or foreign country)

14. Maiden name Paula

15. Birthplace Grant City Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Charles Motsinger

(b) Address Grant City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-42 (Month) (Day) (Year)

(c) Place: burial or cremation Grant Chapel con. Platteau

18. (a) Signature of funeral director Arch. C. Dumble

(b) Address Grant City, Mo.

19. (a) March 26-42 (Date received local registrar) (b) R. J. Matchbush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 5 1942 year 19 hour 30 minute a.m.  
21. I hereby certify that I attended the deceased from Aug 5 1941 to March 26 1942  
that I last saw live on March 26 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lipoid nephrosis Duration about 1 yr

Due to ?

Due to ?

Other conditions ?

(Include pregnancy within 3 months of death)

Major findings: none 1218

Of operations

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?

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

23. Signature R. J. Matchbush M. D. or other

Address St. Joseph, Mo. Date signed 3/26/42

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

011  
1  
7

---

---

**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.....

*Arch C. Duffee*

Licensed Embalmer No. *3252*

P. O. Address *Grant 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.**