S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11542

Registration District No. 1102 Primary Registration District No. 5870 Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Bragg City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 8 mos.

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo. (b) County Pemiscot
(c) City or town Bragg City
(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.

3. (a) PRINT FULL NAME Lee Motley
3. (b) If veteran, name war N.K.
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband or~~ wife Vestel
6. (c) Age of ~~husband or~~ wife if alive 28 years
7. Birth date of deceased K.K. (Month) (Day) (Year)
8. AGE: Years 57? Months Days If less than one day hr. min.
9. Birthplace Clay Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Day Laborer
11. Industry or business Farming
FATHER 12. Name N.K.
13. Birthplace N.K. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name N.K.
15. Birthplace N.K. (City, town, or county) (State or foreign country)
16. (a) Informant wife-Vestle Motley
(b) Address Bragg Cit, Mo.
17. (a) Kennett (Burial, cremation, or removal) (b) Date thereof 3-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Kennett, Mo
18. (a) Signature of funeral director Friends
(b) Address
19. (a) 4-9-42 (Date received local registrar) (b) Mrs T.R. Cole (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1942 hour 11 minute a M.
21. I hereby certify that I attended the deceased from 3-13-42, 19, to 3-13-, 1942; that I last saw him alive on 3-13-, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy — Duration 20 min.
Due to: Hypertension, Arteriosclerotic type
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 830
Of autopsy: No

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

23. Signature [illegible] (M. D. or other)
Address Hayti, Mo. Date signed 3-13-42

(Licensed Embalmer's Statement on Reverse Side)

4-42-24

MAY 21 194

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.....

Licensed Embalmer No.....

P. O. Address.....

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.