

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 15 1948

Registration District No. 374

Primary Registration District No. 6275

Registrar's No. 14

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Rural - Smith TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life years, months or days

3. (a) PRINT FULL NAME Mary Viola Motsinger
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife C. Riley Motsinger 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 1 1864 (Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

12. Name William K. Cowan

13. Birthplace Uniontown (City, town, or county) (State or foreign country)

14. Maiden name Jane Miller

15. Birthplace Uniontown (City, town, or county) (State or foreign country)

16. (a) Informant Ray Motsinger

(b) Address Grant City Mo.

17. (a) Burial (b) Date thereof 3-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation Nickory Greer

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

(b) Address Grant City Mo.

19. (a) Mar-7-46 (b) Luten E. Dawson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Worth
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Grant City (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 1 year 1945 hour 5 minute 15 A.M.
21. I hereby certify that I attended the deceased from 2-2 to 3-1, 1946
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema of lungs Duration 1 yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 166

Major findings: Of operations L.I.V.

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 3-3-46

(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 C

23. Signature E. H. H. H. H. H. (Dr. D. or other)

Address Grant City Mo. Date signed 3-2-46

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. Dwyer

Licensed Embalmer No.....

3252

P. O. Address.....

Lancaster 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.