

FILED AUG 27 1946

Registration District No. 206

Primary Registration District No. 5748

Registrar's No. 137

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Rural (mine la Motte)
(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 1 (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME Sarah Melvina La Motte

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 20-5807

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James La Motte 6. (c) Age of husband or wife if alive 80 years
Birth date of deceased Jan 4 1867 (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 11 If less than one day hr. min.

9. Birthplace St. Francis Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Martin Eden

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

14. Maiden name Luvina Lynn

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

16. (a) Informant X J. B. La Motte

(b) Address mine la Motte Mo.

17. (a) Burial (b) Date thereof 8/29/46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mine la Motte Cepe.

18. (a) Signature of funeral director Webb Holt

(b) Address Grederstown Mo.

19. (a) 8-20-1946 (b) Florence Hicks (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Madison
(c) City or town Rural (mine la Motte Mo.)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1946 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 22, 1946 to Aug 15, 1946 that I last saw her alive on Aug 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 3 weeks
Due to arteriosclerosis

Due to _____
Other conditions Uremia
(Include pregnancy within 3 months of death)

Major findings: 83R
Of operations _____
Of autopsy _____

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)
(c) Means of injury 0
23. Signature Henry Barron (M. D. or dentist)
Address Independence Mo Date signed 8/17/46

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

20371

REC-77-113

District Health Officer No. 4

District File Number 846-2526

Date Filed 8-26-46

4.

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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 *John S. Helf*
Licensed Embalmer No. *4264*
P. O. Address *Federstadt, Md.*

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.