

S. No. 2
DM-5-43
v. 5-17-39
I X38671

FILED 20823 1946
Registration District No. 3043

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Nannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1926 Harrison Hill
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Lvey Leona Motley

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 Married

6. (b) Name of husband or wife Dr. E. R. Motley 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased October 1, 1878
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace X Kinderhook, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Fred Meyer 4

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

14. Maiden name Kathryn Flick 4

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

16. (a) Informant Dr. E. R. Motley

(b) Address 1926 Harrison Hill, Nannibal, Mo.

17. (a) Burial (b) Date thereof Aug. 20, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinderhook, Illinois

18. (a) Signature of funeral director Roy P. Schwartz

(b) Address 100 Broadway, Nannibal, Mo.

19. (a) 8-19-46 (b) W. E. M. Lucke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Nannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1926 Harrison Hill 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17 year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended and deceased from Aug 17, 1946 to Aug 17, 1946
that I last saw her alive on Aug 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy 940

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) (e) Means of injury 0

23. Signature W. E. M. Lucke (M. D. or Other) _____

Address Nannibal, Mo Date signed _____

Duration of _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Mo Aug - 19-46

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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address 1000 Broadway
Hannibal, 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.