

No. 2
-2-43
5-17-39

X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7729

Registration District No. _____ Primary Registration District No. 3000 Registrar's No. 45

1. PLACE OF DEATH: Adair

(a) County _____

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

(c) Name of hospital or institution: Stickler Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether _____)

In this community 76 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 515 S. Elson
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Mary Motter

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 1 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>11</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Ripley Co., Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER {

12. Name Charles F. Mabis

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Elsie Hamilton

(b) Address Kirkville, Missouri

17. (a) Burial (b) Date thereof 2/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mulberry Cmt.

18. (a) Signature of funeral director [Signature]
Kirkville, Missouri

(b) Address _____

19. (a) 2-25-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1947 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from Jan 1947 to Feb 20 1947
that I last saw her alive on Feb 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to myocarditis chronic 10 yrs
asthma 10 yrs
General arteriosclerosis 10 yrs

Due to Semibility

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

Major findings:
Of operations _____

Of autopsy 93D

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? _____ (c) Means of injury [Signature]

23. Signature [Signature] (M. D. or other) [Signature]
Address Kirkville Mo Date signed 2/21/47

RECEIVED
District Health Officer No. 10
District File Number 3-47-235
Date MAR 21 1947

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 J. E. Riley

Licensed Embalmer No. 14151

P. O. Address Kenilworth, N.J.

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.