S. No. 2
4—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12085

Registration District No. 1483 Primary Registration District No. 5430 Registrar's No.

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: St. Clair (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bowler Branch Road. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No. (Specify whether
In this community: 12 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Franklin 36
(c) City or town: St. Clair (If outside city or town limits, write "RURAL") 0
(d) Street No.: R.F.D. #1 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Fred Russel Mothershead.
3. (b) If veteran, name war: W.W. #3
3. (c) Social Security No.: 496-32-0277
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 1 (Month) — 30 (Day) — 1926 (Year)

8. AGE: Years: 21 Months: 2 Days: 10 If less than one day: hr. min.

9. Birthplace: Ware (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farming.
11. Industry or business: Self.
MOTHER FATHER
12. Name: John F. Mothershead
13. Birthplace: Morse Mill (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Mae Russell
15. Birthplace: Morse Mill (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: J. F. Mothershead.
(b) Address: Lone Dell, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-14-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Hillsboro, Mo.
18. (a) Signature of funeral director: J. Lee Mothershead
(b) Address: Lee Sta. Mo.
19. (a) 4-11-1948 (Date received local registrar) (b) E. L. Northington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 11th day: april year: 1948 hour: minute: M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Suicide By carbon mon-oxide Gas Hose connected to exaust	
Due to: Pipe of car.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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): Suicide
(b) Date of occurrence: 11th april 1948
(c) Where did injury occur? Lonedella (City or town) Franklin (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? White Farm Lonedella Mo. (Specify type of place)
While at work? (e) Means of injury: Suicide
23. Signature: E. F. Oltmann Coroner (M.D. or other)
Address: Union Mo. Date signed: 4/11/1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 5/7/48

MAY 11 1948

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 David L. Russell

Licensed Embalmer No. 4520

P. O. Address St. Clair, Me

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.