

No. 2
-5-43
5-17-39
I X36671

FILED DEC 15 1948/7

Registration District No. 7

Primary Registration District No. 5737

Registrar's No. 330

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Aux Vasse Auxvasse
(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 19 years (Specify whether years, months or days)

In this community 19 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Murray Motley

3. (b) If veteran, name war 1

3. (c) Social Security No. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1948 hour 9 minute AM

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Ruthie Motley

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb 8 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 6, 1948 to December 6, 1948
that I last saw him alive on January 6, 1948
and that death occurred on the date and hour stated above

8. AGE: Years 55 Months 9 Days 28
If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

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

10. Usual occupation Insurance

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

Major findings: Of operations None

Of autopsy _____

11. Industry or business _____

12. Name George W. Motley

13. Birthplace Bowling Green Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Maude Carver

15. Birthplace Bowling Green Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. G. M. Motley

(b) Address Aux Vasse Mo.

17. (a) Buried (b) Date thereof Dec 8 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Auxvasse Cemetery

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? _____

18. (a) Signature of funeral director Hughes Manpin

(b) Address Aux Vasse Mo.

19. (a) Dec 8, 1948 (b) James M. Mountchiff
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

Signature W. B. Nichols (M. D. or _____)

Address Auxvasse Mo. Date signed 12-8-48

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

Date Filed DEC 14 1948
District File Number

District Health Officer No. 9
RECEIVED

DEC 9 1948

JAN 28 1949

JUN 2 1949

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 Hughes Manspin
Licensed Embalmer No. 2358
P. O. Address Aux Vasse, 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.