

FILED JUL 20 1942

Registration District No. 285

Primary Registration District No. 6540

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Olden DRY CREEK TWP

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

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) yes

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

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

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

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

3. (a) PRINT FULL NAME LAURA BELL MARRITT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23rd year 1942 hour 11 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 2, 1942 to Feb 23, 1942 and that I last saw her alive on Feb 23, 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sam Marritt 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: June 10, 1876
(Month) (Day) (Year)

Immediate cause of death Pulmonary Embolism

Due to Phlebitis

Due to Nephritis

8. AGE: Years Months Days If less than one day

65 8 13 hr. _____ min.

9. Birthplace Howell County (rural) (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Sherrif Gregory

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

14. Maiden name Julia Dodd

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

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

Major findings: Of operations 111a

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Dr. Gorman (b) Address Willow Springs, Mo.

17. (a) Burial (b) Date thereof 2-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director Burns Funeral Home (b) Address Willow Springs, Mo.

19. (a) 2-25-42 (b) Nanette Ferguson
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature J. P. Bailor (M. D. or other) J. P. D. O.

Address Willow Springs, Mo. Date signed 2/24/42

RECEIVED

District Health Officer No. 8.

District File Number 442326

Date Filed 7-17-42

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 JR Burns, Sr

Licensed Embalmer No. 1837

P. O. Address Willow Springs, 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.