

No. 2  
29484

FILED JUL 15 1942

Registration District No. 1476

Primary Registration District No. 5794

State File No. \_\_\_\_\_

Registrar's No. 22

1. PLACE OF DEATH:

(a) County: Morgan

(b) City or town: Rural Buffalo Gap  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(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)

In this community: \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Morgan

(c) City or town: Rural Buffalo Gap  
(If outside city or town limits, write "RURAL")

(d) Street No.: South-east of Stover  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: JESSE MARRIOTT

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th  
year 1942 hour 2 minute 15 A.M.

4. Sex: Male

5. Color or race: white

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

(b) Name of husband or wife: Cara Marriott

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: March 13 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1938 to June 14 1942  
that I last saw him alive on June 14 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Pneumonia 16 days  
Duration

8. AGE:

Years	Months	Days	If less than one day
66	3	4	hr. _____ min. _____

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace: Morgan Co. MO  
(City, town, or county) (State or foreign country)

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation: Farmer

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

11. Industry or business: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

MOTHER FATHER

12. Name: John Marriott

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

14. Maiden name: Martha Hutchins

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant: Wayne Marriott

(b) Address: Stover Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): no

(b) Date of occurrence: \_\_\_\_\_

(c) Where did injury occur? nowhere  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

17. (a) Burial (b) Date thereof: June 18 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Locust Cem

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury: \_\_\_\_\_

18. (a) Signature of funeral director: Rapp & Stevenson

(b) Address: Stover Mo.

23. Signature: Chas A Trust

19. (a) Date received local registrar: June 20 1942

(b) Registrar's signature: Henry Ripps

Address: Stover Mo. Date signed: 6/18/42

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

RECEIVED

District Health Officer No. 7,

District File Number 7-42-798

Date Filed 7-14-42

**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

*Jewell Stevenson*

Licensed Embalmer No. 4073

P. O. Address Stover, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.

Registration District No. 1476

Primary Registration District No. 5794

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Morgan

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

(c) Name of hospital or institution: \_\_\_\_\_  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME Jesse Marriott

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 25 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Mar 13 1876  
(Month) (Day) (Year)

Immediate cause of death Neumonia Lobar

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 108  
(Include pregnancy within 3 months of death)

8. AGE:

Years <u>66</u>	Months <u>3</u>	Days _____	If less than one day _____ min.
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9. Birthplace Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry of business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

SUPPLEMENTARY

11w y4quz

