

S. No. 2
M-9.4-41
v. 5-17-39
X29484

34373

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 14 1942

Registration District No. 234
Primary Registration District No. 5815

Registrar's No. 31

71
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County MORGAN.

(b) City or town "RURAL" HAW GREEK.
(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.....
(Specify whether)

In this community 64 yrs.
years, months or days

3. (a) PRINT FULL NAME LEE ROY MARRIOTT.

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

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

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife ALVA MARRIOTT.

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased MAY 2, 1878
(Month) (Day) (Year)

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

64 5 19 hr. min.

9. Birthplace MORGAN Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING.

11. Industry or business FARM.

MOTHER FATHER

12. Name JESS P. MARRIOTT.

13. Birthplace MORGAN Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name MANDA BRANCH.

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

16. (a) Informant Mrs. Alva Marriott

(b) Address Versailles, Mo.

17. (a) BURIAL (b) Date thereof 10/25/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VERSAILLES, Mo.

18. (a) Signature of funeral director W. T. Kimmel

(b) Address VERSAILLES, Mo.

19. (a) Oct 31 1942 (b) Henry Rippe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MORGAN.

(c) City or town "RURAL"
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21ST
year 1942, hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 2, 1942 to Oct 21, 1942
that I last saw him alive on Oct 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration 20 min

Due to Hypertension & arterial sclerosis

Due to.....

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

Major findings: 830

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).....

(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 A. J. Gura (M. D. or other)
Address Versailles Mo. Date signed 10/23/42

1000. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 71

District File Number 11-42-1245

Date Filed 11-13-42

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.....

H. H. Russell

Licensed Embalmer No. 1596

P. O. Address. *Wesley, 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.