

FILED SEP 9 1943 36

Registration District No. _____

Primary Registration District No. 5818

Registrar's No. 26

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

1. PLACE OF DEATH:
 (a) County MORGAN
 (b) City or town RURAL MORRISBURG
(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

3. (a) PRINT FULL NAME Mrs. Cora Marriott
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER
 6. (b) Name of husband or wife JESS MARRIOTT 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased SEPT 8 1899
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 3
 If less than one day _____ hr. _____ min.

9. Birthplace MORGAN CO. MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business HOME AID

MOTHER FATHER

12. Name JAMES WEBB
 13. Birthplace MORGAN CO. MO
(City, town, or county) (State or foreign country)
 14. Maiden name ANN WILSON
 15. Birthplace MORGAN CO. MO
(City, town, or county) (State or foreign country)

16. (a) Informant WAYNE MARRIOTT
 (b) Address STOVER MO

17. (a) BURLAK (b) Date thereof AUG 13 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation LOCUST GRM

18. (a) Signature of funeral director Roy Perbetzner
 (b) Address Stover Mo

19. (a) 8-12-1943 (b) Roy Perbetzner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County MORGAN
 (c) City or town RURAL BUFFALO
(If outside city or town limits, write "RURAL")
 (d) Street No. 10 MI SOUTH STOVER
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11th
 year 1943 hour _____ minute _____ P.M.
 21. I hereby certify that I attended the deceased from July 23rd
 1943, to Aug 11th 1943
 that I last saw her alive on July 23rd 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus
 Duration 3 1/2 mos from history

Due to _____

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) _____
 (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 W. G. Gumm (M. D. or other)
 Address Versailles Mo Date signed 8/12/43

1027

RECEIVED
District Health Officer No. 7,
District File Number 8-43-405
Date Filed 9-7-43

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 L. 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 comply with the above constitutes grounds for revocation of license.)

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