

FILED APR 5 1946
Registration District No. 234

Primary Registration District No. 5815

Registrar's No. 9

1. PLACE OF DEATH:

(a) County MORGAN
(b) City or town RURAL LAW CREEK TWP.
(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 WIFE _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN
(c) City or town RURAL
(d) Street No. 6 MI. S. OF STOVER
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 6th year 1946 hour 2 minute 40 P.M.
21. I hereby certify that I attended the deceased from Mar. 4, 1946, to Mar. 6, 1946 that I last saw him alive on Mar 5, 1946 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JENNIE MARRIOTT 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased MAY 18 1878 (Month) (Day) (Year)

Immediate cause of death: Uremia
Cardiac Failure
Due to aftermath of
Influenza
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 67 Months 9 Days 18 If less than one day _____ hr. _____ min.
9. Birthplace MORGAN Co. MO. (City, town, or county) (State or foreign country)
10. Usual occupation FARMER

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____
12. Name SAM MARRIOTT
13. Birthplace MORGAN Co. MO. (City, town, or county) (State or foreign country)
14. Maiden name SUSAN SINDEY
15. Birthplace MORGAN Co. MO. (City, town, or county) (State or foreign country)
16. (a) Informant ROY WINGARD (b) Address STOVER MO.
17. (a) Burial (b) Date thereof 3-9-1946 (c) Place: burial or cremation RITCHIE CEM.
18. (a) Signature of funeral director J. J. Steverson (b) Address _____
19. (a) 4-1-1946 (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 P. J. Eckhoff (M. D. or other) NO. Address _____ Date signed 3-11-46

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

9119

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3-16-28
Date Filed 4-4-42

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 J. 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.