

FILED MAY 13 1946

Registration District No. **57**

Primary Registration District No. **4099**

Registrar's No. **59**

1. PLACE OF DEATH:

(a) County **Cass**
(b) City or town **Pleasant Hill**
(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 **41 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Cass** **19**
(c) City or town **Pleasant Hill** **2**
(If outside city or town limits, write "RURAL.")
(d) Street No. **0**
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Best Marriott**

3. (b) If veteran, name war **no**
3. (c) Social Security No. **486-09-4282**

4. Sex **Male** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs Sally Marriott**
6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **Jan 7 1882**
(Month) (Day) (Year)

8. AGE: Years **63** Months **3** Days **14**
If less than one day
hr. _____ min.

9. Birthplace **Versailles MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **American Sealer**

12. Name **Samuel Marriott**

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

14. Maiden name **Georgia Marriott**

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

16. (a) Informant **Mrs Sally Marriott**

(b) Address **Pleasant Hill MO**

17. (a) **Burial** (b) Date thereof **4-24-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hill**

18. (a) Signature of funeral director **Virgil Herrick**

(b) Address **Pleasant Hill MO**

19. (a) **4-30-46** (b) **Laura J. Jones**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21**
year **1946** hour **6:15** minute **am** M.

21. I hereby certify that I attended the deceased from **Mar 1 1946** to **Apr 21 1946**
that I last saw him alive on **Apr 20 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach**
Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy **H&K**

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? _____

(Specify type of place)
While at work? _____ (e) Means of injury **C**

23. Signature **J V Murray M.D.** (M. D. or other)
Address **Pleasant Hill, Mo** Date signed **4-22-46**

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

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. W. Herrick

Licensed Embalmer No.....

3599

P. O. Address.....

Pleasant Hill, 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.