FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 2 ± 1948

Registration District No. 53

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25695

Primary Registration District No. 5185

Registrar's No. 256

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

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

(b) City or town RURAL-INTERSECTION HWY 74 + BLOOMFIELD ROAD (If outside city or town limits, write "RURAL" and name of township)

Cape Twp

(c) Name of hospital or institution: Ger none 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 12 yrs ~~ACCIDENT~~

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SCOTT 100

(c) City or town CHAFFEE 1

(If outside city or town limits, write "RURAL")

(d) Street No. ✓ 1

(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME GORDON W MARIOTT

3. (b) If veteran, name war ✓

3. (c) Social Security No. UNKNOWN

4. Sex MALE 0

5. Color or race WHITE

6. (a) ~~Single, widowed,~~ married, ~~divorced~~ KILLED IN SAME ACCIDENT 1

6. (b) Name of husband or wife ALTHA JANICE MARIOTT

6. (c) Age of husband or wife if ~~alive~~ 25 years

7. Birth date of deceased JULY (Month) 10 (Day) 1909 (Year)

8. AGE: Years 39 Months 1 Days 4 If less than one day ___ hr. ___ min.

9. Birthplace YADKIN (City, town, or county) ARKANSAS (State or foreign country) 1

10. Usual occupation GARAGE OWNER

11. Industry or business " "

FATHER
12. Name WM S. MARIOTT
13. Birthplace YADKIN (City, town, or county) ARK (State or foreign country) 1

MOTHER
14. Maiden name LEONA TAYLOR
15. Birthplace MYRTLE (City, town, or county) MISSOURI (State or foreign country) 1

16. (a) Informant Mrs Leona Ferris

(b) Address Chaffee, Mo. 16

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG ~~15~~ 1948 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ MEMORIAL PARK, CAPE COMO

18. (a) Signature of funeral director Bispling Hoff Funeral Home

(b) Address Chaffee Mo

19. (a) 8-20-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 14th year 1948 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from (Died a few minutes after wife according to witnesses) 19__, to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on ~~the~~ date and hour stated above.

Immediate cause of death Fracture of the Skull

Due to the Pontiac automobile in which he was riding hitting the abutment

Due to of a bridge on state highway 74

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Accident

(b) Date of occurrence Aug 14, 1948 11

(c) Where did injury occur? Cape Girardeau (City or town) Cape (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On State Highway 74 - near old Consolidated Airport (Specify type of place)

While at work? No (e) Means of injury Auto & Bridge

23) Signature Dr. J. F. Sigmund ~~(M. D. or other)~~ Coroner

Address Jackson, Mo Date signed 8/16/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Public Health Officer No. 4

District File Number 848-1

Date Filed 8-23-

SEP 14 1941

SEP 3 1948

AUG 31 1948

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. Oliver C. Smith

Licensed Embalmer No. 4470

P. O. Address. Olney, Mo.

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

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