

S. No. 2  
-1-4-4  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21358

State File No. ....

Registrar's No. 12

Registration District No. 384

Primary Registration District No. 5539

46  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Nowell

(b) City or town Rural, Spring Creek  
(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.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nowell

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No.....  
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME John Wesley Marrett

(b) If veteran, No name war.....

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10  
year 1942 hour 8 minute 0 P.M.

21. I hereby certify that I attended the deceased from 7-11 1942 to Jan 10 1942  
that I last saw him in alive on 7-11 1942  
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

(b) Name of husband or wife Mary (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: Sept 4 1865  
(Month) (Day) (Year)

8. AGE: 76 Years 4 Months 6 Days If less than one day  
.....hr. ....min.

Immediate cause of death.....  
Cerebral Apoplexy Duration 3 minutes

Due to Hyper tension 4 yrs

Due to.....

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name John Wesley Marrett

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

14. Maiden name Melinda Gray

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

16. (a) Informant Mrs Mary Marrett

(b) Address Pottsville Mo

17. (a) Burial (b) Date thereof 1-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director Elijah Smith

(b) Address West Plains Mo.

19. (a) Jan 7-42 (b) Smith  
(Date received local registrar) (Registrar's signature)

Other conditions.....  
(Include pregnancy within 3 months of death) 83a!

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?

23. Signature C. A. Beach (M. D. or other) MD  
Address Elijah Mo Date signed 11-42

RECEIVED

District Health Officer No. 3

District File Number 442367

Date Filed 7-20-42

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.