

MAY 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16244

Do not use this space.

1. PLACE OF DEATH

(a) County ScottRegistration District No. 820(b) Township 0Primary Registration District No. 4496(c) City Oran

(d) Street No. _____

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Effie Pearl Morrow(a) Residence, No. ORAN, Mo.St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Roy Lee Morrow6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28 1887

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

52619

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Scott County(STATE OR COUNTRY) Missouri13. NAME Silas O. Finley14. BIRTHPLACE (CITY OR TOWN) Scott County(STATE OR COUNTRY) Missouri15. MAIDEN NAME Elizabeth Bates16. BIRTHPLACE (CITY OR TOWN) Scott County(STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) (Daughter) Mrs. Ralph MaddoxORAN, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL

PLACE Friends' CemDATE 4/18/4019. FUNERAL DIRECTOR (NAME) Bispling Hoffer Hubbard(ADDRESS) Chaffee, Mo20. FILED 5/10 1940Local Registrar. J. P. Cleman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 194022. I HEREBY CERTIFY, That I attended deceased from June 10 1939 to April 16 1940I last saw her alive on April 16 1940 Death is said to have occurred on the date stated above, at 6:20 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Edward N. Loest M.D.(Address) Oran, Missouri

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 2

District File Number 540-10

Date Filed 5/14/40

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 Mamie P. [Signature]

Licensed Embalmer No. 3242

P. O. Address Chaffee 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, above space should be left blank.