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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21262

Registration District No. 89 Primary Registration District No. 51351 Registrar's No. 247

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rural, Beuer Dam (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8 miles West of Poplar Bluff (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 64 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 8 miles W. of Poplar Bluff (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME COLUMBUS VALENTINE MORROW.
3. (b) If veteran, name war no
3. (c) Social Security No. no.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 18 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	2	–	hr. min.

9. Birthplace Ava (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Jessie V. Morrow
13. Birthplace Unk (City, town, or county) Tenn (9) (State or foreign country)
MOTHER
14. Maiden name Brannum
15. Birthplace Butler Co (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Frank Morrow
(b) Address Poplar Bluff
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20, 41 (Month) (Day) (Year)
(c) Place: burial or cremation Cockrell Cemetery
18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor Mo.
19. (a) 6/20/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1941 hour 8 minute 40 P. M.
21. I hereby certify that I attended the deceased from June 3, 1941, to June 18, 1941; that I last saw him alive on June 16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial changes with tachycardia.
Due to above due to a heart attack
Due to causing sudden death.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Removal of small skin cancer in front of left ear June
Of autopsy 12 1941

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)
(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
23. Signature H Ewelett (M. D. or other) Dwe
Address H Ewelett Naylor Mo Date signed 6/18/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 741-860
Date Filed 7/10/41

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 Bryan C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.