

S. No. 2
DOM-2-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25287
Registrar's No. 31

Registration District No. 238
Primary Registration District No. 4355

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town New Madrid
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town New Madrid 72
(If outside city or town limits, write "RURAL") 4
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Jurlean Marrow
(b) If veteran name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 10
year 1944 hour 7/6 minute 19 M.
21. I hereby certify that I attended the deceased from 7/6 1944
that I last saw him alive on 7/6 1944
and that death occurred on the date and hour stated above.

4. Sex 3 FEMALE 5. Color or race BLACK
6. (a) Single, widowed, married, divorced 0
(b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased April 11 - 1944
(Month) (Day) (Year)

Immediate cause of death Colitis
Due to 1192
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
2 29 hr. min.
9. Birthplace New Madrid Mo. D
(City, town, or county) (State or foreign country)
10. Usual occupation Child

MOTHER FATHER

11. Industry or business 0
12. Name Louis Marrow
13. Birthplace New Madrid Mo. D
(City, town, or county) (State or foreign country)
14. Maiden name Barthy Cook
15. Birthplace New Madrid Mo. D
(City, town, or county) (State or foreign country)
16. (a) Informant Barthy Cook
(b) Address New Madrid
17. (a) Burial (b) Date thereof 7/9-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Land Hill
18. (a) Signature of funeral director New Madrid Mo
(b) Address Trinity
19. (a) Aug 3 - 1944 (b) Helms Louis Jones
(Date received local registrar) (Registrar's signature)

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?
While at work? (Specify type of place) (e) Means of injury 0
23. Signature G. Allister M.D.
Address New Madrid Date signed 7/15/44

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

240

1368

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 244-1126

Date Filed 8-11-44

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 Not Embalmed.....

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.