

FILED MAR 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. 5622

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

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 5829 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Portageville</i>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <i>Portageville</i>	72
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>3</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Annie</i>	b. (Middle)	c. (Last) <i>Morrith</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 15 1949</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>Black</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>don't know</i>	9. AGE (In years last birthday) <i>about 60</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house w. fe</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Mississippi</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S</i>
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13a. FATHER'S NAME <i>Louis Minnis</i>	13b. MOTHER'S MAIDEN NAME <i>Nancy Green</i>	14. NAME OF HUSBAND OR WIFE <i>Josh Morrith</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO.	17. STENOGRAPHER'S SIGNATURE OR NAME <i>Josh Morrith Jr.</i>	ADDRESS <i>Portageville, Mo</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Diabetes Mellitus with Hypertension</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Uremia</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>260X</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>11'</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>11'</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <i>19 02</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *4 Feb*, 1949, to *5 Feb*, 1949, that I last saw the deceased alive on *4th Feb*, 1949, and that death occurred at *7:35 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>L.H. Pinter Jr.</i>	23b. ADDRESS <i>M.D. Portageville, Mo.</i>	23c. DATE SIGNED <i>16 Feb '49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Feb 20 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Portageville Colored Center</i>	24d. LOCATION (City, town, or county) (State) <i>Portageville Mo</i>
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DATE REC'D BY LOCAL REG. <i>Feb 16, 1949</i>	REGISTRAR'S SIGNATURE <i>Ellen DeLisle</i>	25. FUMERAL DIRECTOR'S SIGNATURE <i>Delude Funeral Parlor - Portageville, Mo</i>	ADDRESS
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RECEIVED
District Health Office No. 2,
District File Number 348-334
Date Filed 3-7-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Joseph A. DeFuria

Licensed Embalmer No. 4481

P. O. Address Portageville Mo

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

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