DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

Registration District No. 272

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4402

State File No. 3007

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Steele
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 12 years /

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pemiscot 78
(c) City or town: Steele. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lettie Morrow

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female /

5. Color or race: White

6. (a) Single, widowed, married, divorced: 2 Widowed

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: Deceased years

7. Birth date of deceased: December 13. 1870 (Month) (Day) (Year)

8. AGE: Years: 74 | Months: | Days: 24 | If less than one day: hr. min.

9. Birthplace: Alabama / (City, town, or county) (State or foreign country)

10. Usual occupation: retired housewife

11. Industry or business:

MOTHER FATHER
12. Name: Will Henson
13. Birthplace: Alabama / (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Dick Green
(b) Address: Steele Mo.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof:** 1-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Steele. Mo.

18. (a) Signature of funeral director: Roy E. Drau
(b) Address: Caruthersville Mo.

19. (a) 1/10/45 (Date received local registrar) **(b)** Dorothy Hamra (Registrar's signature)

1208

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 6th.
year: 1945. hour: 4 minute: 15 P. A.M.

21. I hereby certify that I attended the deceased from Nov 6, 1944, to Jan 6, 1945; that I last saw her alive on Jan 1, 1945, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	
Due to: Chronic Myocardial	
Due to: Hypertension	
Other conditions (Include pregnancy within 3 months of death): ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED	
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: [illegible] (M.D. or other) D.O.
Address: Steele Mo. Date signed 1/10/45

1-45-7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Noel C. Dunn

Licensed Embalmer No. 3941

P. O. Address Dawsonville

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.

S. No. 2B
0M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Feb

Registration District No. 272 Primary Registration District No. 4403 Registrar's No.

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Steele
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lettie Morrow
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 12 (Month) (Day) (Year)

8. AGE: Years 74 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) Ala (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day
year 1945 hour about noon minute M.

21. I hereby certify that I attended the deceased from Nov 2, 19 45, to Jan 2, 19 45;
that I last saw h. alive on Jan 2, 19 45;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Pneumonia
Due to Chronic nephritis
Due to Hypertension 10 yr
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other)
Address Steele, Mo Date signed

SUPPLEMENTARY

3007