

REC'D FEB 10 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 791
 CERTIFICATE OF DEATH 1008

 213
 Do not use this space.

213

1. PLACE OF DEATH

- (a) County..... 2 Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City..... (d) Street No. 1417 So 12th St. Registered No.....
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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

- 6000 JAMES H. MORROW
 (a) Residence, No. 1417 So 12th St. [23] (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa Morrow		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1876		
7. AGE About 63	YEARS Unknown	MONTHS Unknown
8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Cigar Maker		IF LESS than 1 day, hrs. min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year) Retired 10 yrs.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
13. NAME Ben Morrow		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
17. INFORMANT Ben Morrow (ADDRESS) 1417 S. 12th St.		
18. BURIAL, CREMATION, OR REMOVAL New SS. Peter & Paul DATE Jan. 6 1938		
19. FUNERAL DIRECTOR (NAME) Wm. C. Moydell (ADDRESS) 1926 Allen Ave.		
20. FILED JAN 6 1938 J. D. Brudick Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/4/ 19 39
22. I HEREBY CERTIFY, That I attended deceased from Mar. 11, 19 37 to 1/4/ 19 39 I last saw him alive on 9/27/38. Death is said to have occurred on the date stated above, at 11:15 p.m. The principal cause of death and related causes of importance were as follows: Arteriosclerotic cardio vascular disease with heart block Uncertain Other contributory causes of importance: Name of operation..... Date of..... What test confirmed diagnosis? Phys. & Lab exam 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) E. O. Brown, M. D. (Address) 1525 S. Grand Blvd.,

(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.

X 16403

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 Bing C. Duncan
Licensed Embalmer No. 2272
P. O. Address 1926 Allen Ave

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.