

FILED MAR 12 1940
318

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution:
610 Normal 2
(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

8. (a) PRINT FULL NAME Levicy S. Morrow 600

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. T. Morrow 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 29 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
> 70 5 5 hr. min.

9. Birthplace Rich Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Michoris Steiniger 7

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Jaques

15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Peabody

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Feb. 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H. H. Lehmyer 290

(b) Address Springfield, Mo.

19. (a) 2/6/40 (b) Chas. A. George M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits write "RURAL")
(d) Street No. 610 Normal
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1940 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from July 3 1940 to July 4 1940
that I last saw her alive on July 4 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Block 2/8/40 2 p.m.

Due to Coronary Disease 94%

Due to _____

Other conditions (include pregnancy within 5 months of death) _____

Major findings: None
Of operations _____
Of autopsy None

Duration
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) No
(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 _____

23. Signature Charles F. Williams (M. D. or other) 1
Address Springfield mo Date signed 2/7/40

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

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.....

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, above space should be left blank.