

AUG 12 1940

Registration District No. **201**

Primary Registration District No. **5280**

Registrar's No. **56**

1. PLACE OF DEATH:

(a) County Liberty Mo

(b) City or town Liberty Mo. #1

(c) Name of hospital or institution at his home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME James L. Morrow, Jr.

3. (b) If veteran, **(c) Social Security No.** 609

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

6. (b) Name of husband or wife Annis Foley Morrow **6. (c) Age of husband or wife if alive** 78 years

7. Birth date of deceased Aug. 1-1859

8. AGE: Years 80 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Clay Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business owner

12. Name Ridney M. Morrow, D

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

14. Maiden name Jessie Ann Patterson

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

16. (a) Informant's own signature James L. Morrow, Jr.

(b) Address R#1 Liberty Mo

17. (a) (b) Date thereof July 13-1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Liberty Mo

18. (a) Signature of funeral director Charles Arthur Co

(b) Address Liberty Mo

19. (a) (b) Helen Early 9/10 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Liberty (If outside city or town limits, write "RURAL")

(d) Street No. R#1 (If rural, give location)

(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1940 hour 11 minute 20 AM

21. I hereby certify that I attended the deceased from Jan, 1937, to July 11, 1940 (that I last saw him alive on July 11, 1940 and that death occurred on the date and hour stated above.)

Immediate cause of death Carcinoma of Stomach **Duration** 3y.

Due to _____

Due to Hb

Other conditions _____ (Includes pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Charles Arthur Co (M. D. or other) 1/11/40

Address Liberty, Mo **Date signed** 7/11/40

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 04-13-10

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 Edgar Archer
Licensed Embalmer No. 3311
P. O. Address Liberty, Mo.

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.