

FILED FEB 17 1941

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

2745

Do not use this space.

1. PLACE OF DEATH

(a) County Holt Registration District No. 373
 (b) Township Lewis Primary Registration District No. 5520 Registered No. _____
 (c) City _____ (d) Street No. 1 Holt Co. Farm St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 3 yrs. mos. da. (f) How long in U.S., if of foreign birth? 3 yrs. mos. da.

2. PRINT FULL NAME

Stephen D. Morrow
 (a) Residence, No. _____ St. (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) Divorced 3

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 - 1857

7. AGE YEARS 83 MONTHS 7 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT (ADDRESS) Record of Superior, Holt Co. Farm Holt Co.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount City Mo. DATE 2-1 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pettijohn Funeral Home
Excelsior Mo.

20. FILED 2-1 1941 Ralph C. Moore Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to Jan 30, 1941. I last saw him alive on Jan 29, 1941. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset _____

Other contributory causes of importance:

Chronic Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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) James C. Murray M. D.

(Address) Mount City Mo

44
0
0

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 Ralph C. Moore

Licensed Embalmer No. 1743

P. O. Address Oregon, 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.