

No. 2  
1-4-41  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34159

Registration District No. 224

Primary Registration District No. 202

Registrar's No. 79

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

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Rosendale, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 16 years (town) (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Walter Morrow

3. (b) If veteran name war No 3. (c) Social Security No. 500-07-6397

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

6. (b) Name of husband or wife Elma Pettigrew Morrow 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 3 1879  
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Andrew County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Austin B. Morrow

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

14. Maiden name Alice Smith

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

16. (a) Informant Elma Morrow

(b) Address Rosendale Mo

17. (a) Burial (b) Date thereof June 30 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence Mo

18. (a) Signature of funeral director James H Pettigrew

(b) Address Oregon

19. (a) 9-23 1941 (b) W B Wood  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2  
(c) City or town Rosendale 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1941 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1941  
June 28 1941 to June 28 1941  
that I last saw him alive on June 28 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy.  
Due to Arteriosclerosis 6 mo

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 830

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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? \_\_\_\_\_

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

23. Signature D P Phillips (M. D. or other) D

Address Rosendale Mo. Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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**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.....

*James H. Pettigrew*

Licensed Embalmer No.....

*3192*

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, fact should be so stated above.**