

13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
DR. BOSSE  
Registration District No. 84

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 5125

State File No. 34416  
Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County BUCHANAN  
(b) City or town RUSHVILLE R. 0 Dist.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. NO. 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 56 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County BUCHANAN 11  
(c) City or town RUSHVILLE 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. R.F.D. NO. 2 (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULLNAME NORA ETHEL MORROW  
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife JAMES GRANVILLE MORROW 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased SEPT. 16, 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 10 13 hr. \_\_\_\_\_ min.

9. Birthplace RUSHVILLE MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business  
12. Name JOHN W. WORREL  
13. Birthplace PLATTE COUNTY MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name NORA BUNTEN  
15. Birthplace RUSHVILLE MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Junior Morrow  
(b) Address RUSHVILLE, MO.  
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 2-1941  
(Month) (Day) (Year)  
(c) Place: burial or cremation SUGAR CREEK-RUSHVILLE, MO

18. (a) Signature of funeral director Walter Stanton  
(b) Address ATCHISON, KANSAS  
19. (a) 7-31-1941 (Date received local registrar) (b) L. F. Gingley (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 29 year 1941 hour 5:30 minute P M.  
21. I hereby certify that I attended the deceased from July 3, 1938 to July 29, 1941  
that I last saw her alive on July 20, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Thrombosis  
Coronary Sclerosis  
Myocardial Heart Disease  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Emphysema  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 940  
Of autopsy \_\_\_\_\_  
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 0  
23. Signature Frank K. Bosse (M. D. or other) \_\_\_\_\_  
Address Atchison Mo Date signed 7/31/41

84 (Licensed Embalmer's Statement on Reverse Side)

---

---

**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, fact should be so stated above.**