

FILED APR 5 1942

Registration District No. 025 Primary Registration District No. 4019

04 00 00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
382
-6-42

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Martinsburg
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 19 years (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Andrew ⁰⁰⁴
(c) City or town Martinsburg MO
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PHILIP EIJAH MORROW

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Drua Morrow 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased May 20 1861
(Month) (Day) (Year)

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

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

10. Usual occupation Labor

11. Industry or business R.R. Wabash

12. Name John M. Morrow

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

14. Maiden name Scharlit Miller

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

16. (a) Informant Drua Morrow

(b) Address Martinsburg MO

17. (a) Burial (b) Date thereof April 5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton City MO

18. (a) Signature of funeral director F.W. Kuhn

(b) Address Wellsville MO

19. (a) 7/3/42 (b) Mary C. Jacob
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1942 hour 2 minute P M.

21. I hereby certify that I attended the deceased from March 16 1942 and that death occurred on the date and hour stated above.
that I last saw him alive on March 16 1942

Immediate cause of death Uræmia Duration 2 days

Due to Chronic Bright's Disease

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

1318

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 R. G. Huffard (M. D. or other) _____
Address Wellsville MO Date April 3-42

APR 7 1946

EMERALD BUICK 142—FIVE 7 REGISTRATION

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 *C. C. Kuhn*
Licensed Embalmer No. 3059
P. O. Address Wellsville 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.