

FILED MAY 11 1942

Registration District No.

Primary Registration District No. 4224

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Howard
(b) City or town New Franklin Mo. 1st
(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 _____
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town New Franklin Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Vickie Boyles Morrow

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jack Morrow 6. (c) Age of husband or wife if alive 42 years
7. (Birth date of deceased) April 2
(Month) (Day) (Year)

8. AGE: Years 52 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Howard Co. 0 Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____
12. Name William Boyles
13. Birthplace not known 9
(City, town, or county) (State or foreign country)
14. Maiden name Susan Hodson
15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ray Mabrey
(b) Address New Franklin Mo RR. 1.

17. (a) Sulphur (b) Date thereof 4-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sulphur Springs

18. (a) Signature of funeral director C. P. Neudecker
(b) Address New Franklin Mo

19. (a) 4-3-42 (b) Thomas B. Denney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1942 hour 12 minute 10 a.m.

21. I hereby certify that I attended the deceased from Apr 1, 1942, to Apr 2, 1942
that I last saw him alive on Apr 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis rubra
Due to Syphilis rubra
Hypertension rubra
Due to _____

Other conditions (Include pregnancy within 3 months of death) 309
Major findings: Of operations none
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature H. B. Chamberlain (M. D. or other) _____
Address New Franklin Mo Date signed 4-3-42

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

5
3
E

4224

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-9-42

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.....

R. L. Hall

Licensed Embalmer No.....

3515

P. O. Address.....

New Franklin, 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.