

U.S. No. 2
Form 9-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21414**

FILED JUL 7 1942

Registration District No. **400**

Primary Registration District No. **5553**

Registrar's No. **73**

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Jackson Co. Emergency Hosp.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 hour**
(Specify whether years, months or days)

In this community **66 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Independence** **4**
(If outside city or town limits, write "RURAL")

(d) Street No. **718** **No. Osage** **4**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **no**

3. (a) PRINT FULL NAME **VIRGIL E. MORROW**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

5. Color or race **Male white**

6. (a) Single, widowed, married, divorced **2 divorced**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Oct. 15 1876**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	8	6	hr. min.

9. Birthplace **Jackson Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Lumber Dealer**

11. Industry or business **Saw mill**

MOTHER FATHER

12. Name **Jacob Morrow**

13. Birthplace **Buckingham Co. Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Frances Powell**

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

16. (a) Informant **Mrs. Ethel Steinhause**

(b) Address **1410 Majwood**

17. (a) **burial** (b) Date thereof **July 24/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salem Cem.**

18. (a) Signature of funeral director **Geo. C. Carson**

(b) Address **Independence, Mo.**

19. (a) **June 23, 1942** (b) **F. M. Spick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**
year **1942** hour **9:50** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 22**, 19**42**, to **June 27**, 19**42**
that I last saw him alive on **June 22**, 19**42**
and that death occurred on the day and hour stated above.

Immediate cause of death **Coronary occlusion** **4 hrs**
Duration

Due to

Due to

Other conditions **Diabetes mellitus**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **61**

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 **W. Allen, M.D.** (M. D. or other)
Address **Independence, Mo.** Date signed **6-22-42**

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..... *Dean Owens*

Licensed Embalmer No..... *4280*

P. O. Address..... *Independence, 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.