

Registration District No. **149**

Primary Registration District No. **1002**

48
3
8

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

1. PLACE OF DEATH:

(a) County **Jackson County**

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

(c) Name of hospital or institution: **Little Sisters of the Poor**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9 mo.** (Specify whether years, months or days)

In this community **9 years**

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **Kan. City**
(If outside city or town limits, write "RURAL")

(d) Street No. **Little Sister of Poor.**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **M. Morrow, Daniel**

3. (b) If veteran, name war **No**

(c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **15** year **1942** hour **11 A** minute **am** M.

21. I hereby certify that I attended the deceased from **July 25** 19**42**, to **8-15** 19**42**, that I last saw him alive on **8-12** 19**42**, and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or Race **White**

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **17** years (Day) (Year)

7. Birth date of deceased **June 17 1858**
(Month) (Day) (Year)

Immediate cause of death: **Coronary thrombosis**

Due to **Arteriosclerosis &** **Chronic nephritis**

Other conditions: **131 B**

Duration **10 days**

years

year

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years **84** Months **1** Days **28** If less than one day hr. min.

9. Birthplace: **No record** (City, town, or county) (State or foreign country)

10. Usual occupation **None**

Major findings: Of operations **none**

Of autopsy **none**

MOTHER FATHER

11. Industry or business

12. Name **Charles M. Morrow**

13. Birthplace **unk. 9** (City, town, or county) (State or foreign country)

14. Maiden name **Freda Preston**

15. Birthplace **unk. 9** (City, town, or county) (State or foreign country)

16. (a) Informant **M. P. Frank**

(b) Address **5331 Highland Ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug 15-42** (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **Benjamin F. Ingham**

(b) Address **89 Kan. City, Mo**

19. (a) **8/15/42** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

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 (a) Means of injury

23. Signature **John T. Sherrer** (M. D. or other) **MD**

Address **1402 Bryant Bldg** Date signed **8-15-42**

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J. P. Skinner

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..... *Harry Bergman*.....
Licensed Embalmer No..... *2041*.....
P. O. Address..... *Ken. City 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.