. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

27001

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 3 1942

Registration District No. 1842 Primary Registration District No. 3017 Registrar's No. 96-

27
1
2

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

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community 69 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27 1
(c) City or town Boonville, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 820 4th. St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Thomas Morrow

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3

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

7. Birth date of deceased July 13, 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Cooper County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Samuel Milligan Morrow
13. Birthplace Radington, Penn. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Shipley
15. Birthplace Cooper County, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Bechtold
(b) Address 820 4th. St. Boonville,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16/42
(Month) (Day) (Year)
(c) Place: burial or cremation Shipley Cemetery

18. (a) Signature of funeral director L. J. Meester
(b) Address Boonville, Missouri

19. (a) Aug. 13-42 (Date received local registrar) (b) Dr Chas Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13th.
year 1942 hour 10. 00 minute P.M. M.

21. I hereby certify that I attended the deceased from Aug 4, 1942, to Aug 13, 1942
that I last saw him alive on Aug 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to arteriosclerosis and chronic nephritis

Due to

Other conditions Fracture left hip
(Include pregnancy within 3 months of death)
Aug 4, 1942

Major findings:
Of operations none
Of autopsy none

Duration

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) accident 027
(b) Date of occurrence 8-4-42
(c) Where did injury occur? Boonville (City or town) Cooper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)
While at work? (e) Means of injury Fall

23. Signature T C Beckett MD (M.D. or other)
Address Boonville Mo Date signed 8-15-42

1088

(Licensed Embalmer's Statement on Reverse Side)

SEP 16 1942
RECEIVED
District Health Officer No. 8

District File Number _____

Date Filed 9-2-42

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 C. L. Fielands

Licensed Embalmer No. 1399

P. O. Address Higbee 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.