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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 31 1943

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 1471

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1301 E. Linwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) In this community 6 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48-3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1301 E. Linwood
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Margaret Virginia Morrow
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race W.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 20. 1861 (Month) (Day) (Year)
8. AGE: Years 81 Months 7 Days 6 If less than one day _____ hr. _____ min.
9. Birthplace Marshfield (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Home
MOTHER FATHER
12. Name Charles Lambert
13. Birthplace N.C. (City, town, or county) (State or foreign country)
14. Maiden name Nancy Morr
15. Birthplace N.C. (City, town, or county) (State or foreign country)
16. (a) Informant Nellie Morrow
(b) Address 1301 Linwood K.C. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lathrop Mo
18. (a) Signature of funeral director DeMoss Crunk
(b) Address Lathrop Mo.
19. (a) 3-26-43 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 26 day March year 1943 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from March 1st, 1943, to March 26, 1943, that I last saw her alive on March 26, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	1 da
Due to Chronic Myocardial degeneration	—
Due to Chronic Valvular disease	—
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations — Of autopsy	

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 F. C. Lamar (M. D. or other)
Address 624 Professional Bldg. Date signed Mar 26-43

(Licensed Embalmer's Statement on Reverse Side)

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~~ De Moss Crunk, Registered Apprentice No. ....., working under my personal supervision.

Signed Lee Moss Crunk

Licensed Embalmer No. 2533

P. O. Address Lathrop, 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.