

FILED MAY 12 1943

318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 4194

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County Neshoba  
(c) City or town Philadelphia  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nonnie L. Morrow

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married. Divorced Widowed  
6. (b) Name of husband or wife Flora Morrow 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 17-1872  
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dixon Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name William Morrow  
13. Birthplace Mississippi  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Armstrong  
15. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant Madge Freney  
(b) Address Philadelphia, Mississippi  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/5/43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Meridian, Miss.

18. (a) Signature of funeral director Albert H. Hoppe Inc.  
(b) Address 4700 Washington Blvd.

19. (a) MAY 5 1943 (Date received local registration) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1943 hour 10 minute 45 M.

21. I hereby certify that I attended the deceased from 11-16 1942 to 5-5 1943; that I last saw him alive on 5-5 1943; and that death occurred on the date and hour stated above.

Immediate cause of death:  
① Cerebral Hemorrhage  
② Pneumonia  
Disruption of face and orbit with protrusion  
Due to 52  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations Carcinoma Skin of Face and Orbit  
Of autopsy Inclusion to O.R.C. - Terminal pneumonia

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? \_\_\_\_\_

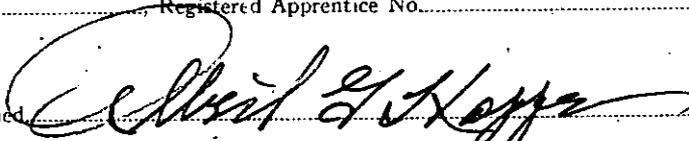
While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Albert H. Hoppe (M. D. or other) MD  
Address 3720 Washington Street Date signed 5/5/43

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

**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 .....

Licensed Embalmer No..... 2971

P. O. Address.....

**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.**