

S. No. 2
OM-542
5-17-39
1-1-1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

MAY 11 1943

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 84

1. PLACE OF DEATH

(a) County Cole

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

(c) Name of hospital or institution Stard Mill - 3 west city mtki. 50
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 yrs. (Specify whether years, months or days)

In this community 31 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. 1110 24 - E. Franklin
(If rural, give location)

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

3. (a) PRINT FULL NAME James Edward Morrow

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

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15 year 1943 hour 15 minute M.

21. I hereby certify that I attended the deceased from no attendancel 1943 to 1943

that I last saw h..... alive on 1943 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh

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

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

6. (c) Age of husband or wife if 8 years

7. Birth date of deceased: April (Month) 8 (Day) 1872 (Year)

Immediate cause of death Heart Disease

Due to Genility

Due to 95c²

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95c²

Of autopsy

8. AGE: Years 71 Months 0 Days 7 If less than one day hr. min.

9. Birthplace Miller County (City, town, or county) Mo (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation Labour

11. Industry or business

12. Name Joseph Morrow

13. Birthplace Miller County (City, town, or county) Mo. (State or foreign country)

14. Maiden name Sarah Drennon

15. Birthplace Miller County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Sarah Drennon

(b) Address 1024 - E - Franklin

17. (a) General (Burial, cremation, or removal) (b) Date thereof 4-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation Union Hill near Lawrence

18. (a) Signature of funeral director Lerner, Service

(b) Address 700 Jefferson

19. (a) 4-17-43 (Date received local registrar) (b) Therma Richter (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?..... (e) Means of injury.....

23. Signature Elio Morrow (M.D. or other) 5

Address Jefferson City Mo Date signed 4-16-43

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

MOTHER FATHER

40

01700

77

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... *J. Anderson*

Licensed Embalmer No. *3641*

P. O. Address... *gmo.*

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.

6-17-77 *6-17-77*