

S. No. 2  
M-2-43  
5-17-39  
I X3597

30862

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 3778

FILED SEP 21 1943  
Registration District No. 190019

Primary Registration District No. 1002

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: Lakeside Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 1/2 days  
In this community 1 1/2 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Michael Morrow  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex Male  
5. Color, or race White  
6. (a) Single, widowed, married, divorced Infant  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 30 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 1/2 hr. min.

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

10. Usual occupation Infant

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

MOTHER FATHER  
12. Name Randall B. Morrow  
13. Birthplace Calif  
(City, town, or county) (State or foreign country)  
14. Maiden name Mar. R. Hand  
15. Birthplace Oka.  
(City, town, or county) (State or foreign country)

16. (a) Informant Randall B. Morrow  
(b) Address 1119 E. 28th Kansas City, Mo.

17. (a) Burial (b) Date thereof 9-1-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster  
(b) Address Kansas City Mo.

19. (a) 9-1-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1119 East 28th  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1  
year 1943 hour 5 minute 20 A M.  
21. I hereby certify that I attended the deceased from August 30  
1943, to Sept 1 1943  
that I last saw him alive on Sept 1 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure  
Due to Purpural hemorrhages  
Due to Unknown  
Other conditions None  
(Include pregnancy within 3 months of death)

Duration 2 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Dr. Nelson Myer (M. D. or other)  
Address 612 Chambers Bldg Date signed Sept 1, 1943

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**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 *Ronald E. Browning*  
Licensed Embalmer No. 2724  
P. O. Address K. O. 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.**