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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. **4363**

FILED NOV 1 1943
 Registration District No. **149**

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:
3535 Woodland Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **25 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mr. John H. Morrow**
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **500-03-7931**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mrs. Laura Morrow** 6. (c) Age of husband or wife if alive **68** years
 7. Birth date of deceased **September 6 1875**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	1	5	hr. min.

9. Birthplace **Villa Ridge Illinois**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Yardman - Retired**

11. Industry or business **Railroad**

MOTHER FATHER {
 12. Name **Hiram Morrow**
 13. Birthplace **Columbus Ohio**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Nancy Grady**
 15. Birthplace **Ringold Georgia**
 (City, town, or county) (State or foreign country)

16. (a) Informant **John H. Morrow**
 (b) Address **3535 Woodland**
 17. (a) Burial **Memorial Park Cemetery**
 (Burial, cremation, or removal) (b) Date thereof **Oct. 14, 1943**
 (Month) (Day) (Year)
 (c) Place: burial or cremation

18. (a) Signature of funeral director **D. H. Newcomer's Sons**
 (b) Address **1401 Brush Creek Blvd.**

19. (a) **10-13-43** (b) **T. E. Brown**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3535 Woodland Avenue**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **11th**
 year **1943** hour **2** minute **20 A.** M.
 21. I hereby certify that I attended the deceased from **19**;
 that I last saw him alive on **19**;
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic Bronchitis
Chronic Hypertension
 Due to **94a**

Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations:
 Of autopsy: **See above**

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)
 (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 **T. E. Brown** (M.D. or other)
 Address **New** Date signed **10/13/43**

(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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Ernie M. Calhoun
Licensed Embalmer No. 3506
P. O. Address K E 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.