

FILED FEB 24 1944

Registration District No. 449 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:  
5323 HOLMES STREET  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 5.5 YEARS  
years, months or days

3. (a) PRINT FULL NAME MR. EMMETT L. 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 MARRIED

6. (b) Name of husband or wife MRS. EVALYN MORROW

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased OCTOBER 24 1874  
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace CASS COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation PRESIDENT

11. Industry or business MORROW INVESTMENT COMPANY

12. Name JAMES D. MORROW

13. Birthplace UNKNOWN KENTUCKY  
(City, town, or county) (State or foreign country)

14. Maiden name DOCIAN WEGAN

15. Birthplace HOLDEN MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Evalyn Morrow

(b) Address 5323 Holmes Ave

17. (a) Burial (b) Date thereof Feb 14 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. H. Twomey

(b) Address 1401 Brush Creek Blvd

19. (a) 2-14-44 (b) T. C. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 5323 HOLMES STREET  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 11<sup>TH</sup>  
year 1944 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from 10.13.  
1943, to 2.11. 1944;

that I last saw him alive on 2.9 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Cardio, Renal, Vascular

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

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

Of autopsy 13/a

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) (e) Means of injury 0

23. Signature J. R. Hall No. 10 (M. D. or other)

Address 626 Ashcroft Bldg Date signed 2-12-44

J-R  
W. Hall  
Lathrop Bldg

**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.....

*Frank J. Jensen*

Licensed Embalmer No. 1940

P. O. Address. 1401 Birch Creek Blvd

**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.**