

FILED FEB 8 1946
Registration District No. **277**
Primary Registration District No. **2787**

1. PLACE OF DEATH:

(a) County **Mississippi**

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

(c) Name of hospital or institution:
R. 3, Box 6

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi**

(c) City or town **Charleston (Rural)**
(If outside city or town limits, write "RURAL")

(d) Street No. **R. 3, Box 6**
(If rural, give location)

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

3. (a) PRINT FULL NAME **John Morrow**

3. (b) If veteran, name war: **-----**

3. (c) Social Security No. **-----**

4. Sex **Male** 2

5. Color or race **Negro**

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

6. (b) Name of husband or wife **Lou Morrow**

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

7. Birth date of deceased **March 20, 1872**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	9	9	hr. ----- min. -----

9. Birthplace **Fayette County, Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farm Laborer**

11. Industry or business **-----**

MOTHER, FATHER {

12. Name **Tom Morrow**

13. Birthplace **Fayette County, Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mitt (Unknown)**

15. Birthplace **Fayette County, Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Barbara Taylor**

(b) Address **R. 3, Box 6, Charleston, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 3, 1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **F. J. Sparks**

(b) Address **Cape Girardeau, Mo.**

19. (a) **1-11-46** (Date received local registrar) (b) **Mrs. J. du. Bondurant** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **29** year **1945** hour **9** minute **45** P. M.

21. I hereby certify that I attended the deceased from **12/29/45** to **12/29/45** and that death occurred on the date and hour stated above.

that I last saw **him** alive on **12/29** 19**45**

Immediate cause of death **Coronary Thrombosis 1 day**

Due to **-----**

Due to **-----**

Other conditions **Heart Failure**
(Include pregnancy within 3 months of death)

Major findings: Of operations **-----**

Of autopsy **-----**

Duration **1 day**

PHYSICIAN **DK**

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: **-----**

23. Signature **Charles Folwing** (M. D. or other)
Address **Charleston Mo** Date signed **1/2/46**

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

RECEIVED

District Health Office No. 2

District File Number 246-176

Date Filed 2-6-46

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 Sparks

Licensed Embalmer No. 3453

P. O. Address: Cape Girardeau 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.