

FILED JAN 30 1946

Registration District No. **279**

Primary Registration District No. **5791**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County **Moniteau**
(b) City or town **Enon Rural** (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME **LAURA L. MORROW.**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **R. E. Morrow** 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **Sept 27, 1893.** (Month) (Day) (Year)

8. AGE: Years **51** Months **3** Days **24.** If less than one day hr. min.

9. Birthplace **Mc Girk MO.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

MOTHER FATHER

11. Industry or business
12. Name **Robert Mc Girk.**
13. Birthplace **Mc Girk MO.** (City, town, or county) (State or foreign country)
14. Maiden name **Mary A. Jones.**
15. Birthplace **MO.** (City, town, or county) (State or foreign country)

16. (a) Informant **R. E. Morrow.**
(b) Address **Enon MO.**

17. (a) **Burial** (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation **ENL OF C.F.M.**

18. (a) Signature of funeral director **Russellville Mo.**
(b) Address **C.H. Nail**

19. (a) **1/28/46** (b) **C.H. Nail**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**
(c) City or town **Enon** (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **21st**
year **1946.** hour **9** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **Jan 10, 1946** to **Jan 21, 1946**
that I last saw him alive on **Jan 20, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis** Duration **Indefinite**

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **12/18**
Of autopsy
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 **Walter L. Leslie** (M. D. or other)
Address **Russellville, Mo.** Date signed **1-22-46**

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

1618

WORTHINGTON

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 _____

Licensed Embalmer No. 2307

P. O. Address _____

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.