

S. No. 2
OM-2.43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 19 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20044**

Registration District No. **122**

Primary Registration District No. **5453**

Registrar's No. **18**

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Brookline, Rt. 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

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

In this community 20 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rt. 1 Brookline
(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 _____

3. (a) PRINT FULL NAME Arthur Louie Morrow

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 rd.
year 1946 hour 1 minute 40 A. M.

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

21. I hereby certify that I attended the deceased from Mar 29, 1945, to June 23, 1946
that I last saw him alive on June 1, 1946
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lola May Morrow 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased February 5th, 1892
(Month) (Day) (Year)

Immediate cause of death Metastases of Cancer
Due to Carcinoma of Stomach

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>4</u>	<u>18</u>	br. _____ min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings: Of operations H&K

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Labored

11. Industry or business Doing Construction work.

12. Name John Morrow

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

14. Maiden name Mary Smith

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

16. (a) Informant Mrs. Lola May Morrow

(b) Address Rt. 1 Brookline

17. (a) Burial (b) Date thereof 6 - 25, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patterson Cemetery

18. (a) Signature of funeral director W. L. Dunn

(b) Address Springfield, Mo.

19. (a) June 24-46 (b) Glennice Britain
(Date received local registrar) (Registrar's signature)

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 James R. Amos (M. D. or other) MD

Address Springfield, Mo. Date signed 6-24-46

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

RECEIVED

Greene County Health Office,

County File Number 46-7-81

Date Filed 7-12-46

Reprinted

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 W. A. McCann

Licensed Embalmer No. 2727

P. O. Address Springfield 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.