

No. 2  
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-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 15 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28353  
Registrar's No. 320

Registration District No. 209

Primary Registration District No. 3043

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

**1. PLACE OF DEATH:**

(a) County Marion

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

(c) Name of hospital or institution Levering 0  
(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** Martha Maranda 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, Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 4, 1865  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>82</u>	<u>8</u>	<u>3</u>	hr. _____ min. _____

**9. Birthplace** Ohio  
(City, town, or county) (State or foreign country)

**10. Usual occupation** XX

**11. Industry or business** XX

**MOTHER FATHER**

12. Name Gershom Morrow

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

14. Maiden name Belsoran C Heskett

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

**16. (a) Informant** Clay Harris  
**(b) Address** Hannibal Missouri

**17. (a) Burial** Burial **(b) Date thereof** 9/9/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place:** burial or cremation Olivet, Center Missouri

**18. (a) Signature of funeral director** W. C. ...  
**(b) Address** 902 Broadway Hannibal Missouri

**19. (a) 9-8-47** **(b) W. C. ...**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 1710 Lincoln 4  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month September, day 7, year 1947 hour 1 minute 35 P.M.

**21. I hereby certify that I attended the deceased from** Sept 5 to Sept 6, 1947  
that I last saw her alive on Sept 6, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Hypostatic Pneumonia  
Duration 2 da

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

**Major findings:** MI  
**Of operations** \_\_\_\_\_  
**Of autopsy** \_\_\_\_\_

**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? \_\_\_\_\_

**23. Signature** W. C. ... **(M.D. or other)** MD  
**Address** Hannibal Mo **Date signed** 9-8-47

**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.....

*John S. Ward*....., Registered Apprentice No. *35*  
working under my personal supervision.

Signed *W. Crawford Smith*.....

Licensed Embalmer No. *3814*.....

P. O. Address *Hannibal Missouri*.....

**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.**