No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 29 1947

Registration District No. 728

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3465

Dr. Fitch

State File No. 34242

Registrar's No. 896

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Rural N. Campbell Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route # 6 Box 204
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 1½ Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Rural Springfield 6
(If outside city or town limits, write "RURAL") 0
(d) Street No.: Route # 6 Box 204 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Effie M. Morrow
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Robert F. Morrow
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: May (Month) 19 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
57	4	24	..... hr. ..... min.

9. Birthplace: Dixon (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business .....
FATHER
12. Name: James A. Alexander
13. Birthplace: Dixon (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Willis
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Robert F. Morrow
(b) Address: Rt # 6 Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Dixon, Mo.
18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 10-20-47 (Date received local registrar) (b) W. I. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1947 hour 5 minute a.m.
21. I hereby certify that I attended the deceased from 1 Mar, 1947 to Oct 13, 1947; that I last saw h. E.R. alive on Oct 1, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of lungs	6 Mo
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place) 0
While at work? ..... (e) Means of injury .....
23. Signature: [illegible] (M. D. or other) M.D.
Address: Springfield Mo. Date signed 10-17-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Nelles E Hamilt

Licensed Embalmer No. 3808

P. O. Address Springfield Me

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.