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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 16 1948

Registration District No. 141

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3025

State File No. 44778

Registrar's No. 84

1. PLACE OF DEATH:

(a) County: HOWELL

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

(c) Name of hospital or institution: Residence (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: 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: HOWELL

(c) City or town: WEST PLAINS, (If outside city or town limits, write "RURAL")

(d) Street No.: 215 SOUTH MAIN (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: ADELAIDE Van GORDEN 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: M.E. MORROW

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: November (Month) 26, (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	0	23	hr. ..... min.

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

10. Usual occupation: None

11. Industry or business: .....

MOTHER FATHER

12. Name: Squire Van Gorden

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

14. Maiden name: Catherine McGoldrick

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

16. (a) Informant: M. E. Morrow

(b) Address: WEST PLAINS, Mo.

17. (a) Oak Lawn Cem. (Burial, cremation, or removal) (b) Date thereof: DEC. 21, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: WEST PLAINS, Mo.

18. (a) Signature of funeral director: Hal Thornburgh

(b) Address: West Plains, Mo.

19. (a) April 13, 1948 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 270

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19 year 1947 hour 1: minute 30 A.M.

21. I hereby certify that I attended the deceased from ....., 1926, to Dec 19, 1947; that I last saw her alive on Dec 19, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Rheumatic Cardiac Disease (Myocarditis)	
Due to: Rheumatoid Arthritis	1920
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)

While at work? ..... (e) Means of injury .....

23. Signature: E. E. Bohrer (M. D. or other) M.D.

Address: West Plains Mo. Date signed: 1-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 1948

RECEIVED
District Health Officer No. 5,
District File Number 448270
Date Filed 4-13-48

MAY 27 1949

APR 17 1948

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 Harold E. Woodrel, Registered Apprentice No. 26, working under my personal supervision.

Signed Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.