

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16456

FILED JUN 7 1948  
Registration District No. 149

Primary Registration District No. 1002

State File No. \_\_\_\_\_  
Registrar's No. 2178

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

1. PLACE OF DEATH:

(a) County... JACKSON

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

(c) Name of hospital or institution:  
6118 KENWOOD /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... NO (Specify whether  
In this community 20 YRS years, months or days)

3. (a) PRINT FULL NAME... MRS. LULA MORROW

3. (b) If veteran, name war... NO

3. (c) Social Security No... NO

4. Sex... F /

5. Color or race... W

6. (a) Single, widowed, married, divorced... WIDOW 2

6. (b) Name of husband or wife... THOMAS MORROW

6. (c) Age of husband or wife if alive... DEC 29 1869 years (Month) (Day) (Year)

7. Birth date of deceased... JULY 29 1869 (Month) (Day) (Year)

8. AGE: Years 82 78 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation... HOME

11. Industry or business

12. Name... JOHN W. HANCOCK

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

14. Maiden name... ELIZA ANN HANCOCK

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

16. (a) Informant... ORMA LEE MORROW

(b) Address... 6118 KENWOOD

17. (a) BURIAL (Burial, cremation or removed) (b) Date thereof... 5/24/48 (Month) (Day) (Year)

(c) Place: burial or cremation... Plattarney, mo

18. (a) Signature of funeral director... STINE & MCCLUBE

(b) Address... KANSAS CITY, MO.

19. (a) 5-24-48 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MO. (b) County... JACKSON 48

(c) City or town... KANSAS CITY 3  
(If outside city or town limits, write "RURAL")

(d) Street No... 6118 KENWOOD 8  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22 year 1948 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from [Signature] 19... to [Signature] 19... that I last saw h... alive on [Signature] 19... and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary sclerosis

Due to... Status sclerosis

Due to...

Other conditions... (Include pregnancy within 3 months of death) 930

Major findings: Of operations

Of autopsy... History & Inspection

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... 3

23. Signature [Signature] (M. D. or other)

Address... 1424 [Signature] Date signed 5-26-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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..... *Robert H Reed* .....

Licensed Embalmer No. *3745* .....

P. O. Address..... *1407th* .....

**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.**