

S. No. 2  
-12-45  
5-17-39  
47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17175

FILED JUN 11 1948

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Pike Co.  
 (b) City or town Parisian  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Pine County  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82  
 (c) City or town Clarksville 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nancy Jane MORROW  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6  
 year 1948 hour 12 minute 50 P.M.  
 21. I hereby certify that I attended the deceased from 6-6-48  
 to 6-6-48  
 that I last saw her alive on 6-6-48  
 and that death occurred on the date and hour stated above.

4. Sex FEM  
 5. Color or race W  
 6. (a) Single, widowed, married, divorced 0  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 6 6 48  
(Month) (Day) (Year)  
 8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day 6 hr. 6 min.

Immediate cause of death Prematurity  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 15  
(Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Louisiana MO  
(City, town, or county) (State or foreign country)  
 10. Usual occupation \_\_\_\_\_  
 11. Industry or business \_\_\_\_\_  
 12. Name Kenneth Eldings Morrow  
 13. Birthplace Marcelline MO  
(City, town, or county) (State or foreign country)  
 14. Maiden name Green Selaway  
 15. Birthplace Lincoln MO  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Green Morrow  
 (b). Address Clarksville Mo.  
 17. (a) Burial (b) Date thereof 6/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Clarksville, Mo.  
 18. (a) Signature of funeral director Larry Jarroll  
 (b) Address Clarksville, Mo.  
 19. (a) 6/6/48 (b) Berrian Collins  
(Date received local registrar) (Registrar's signature)

23. Signature A. Robinson (M. D. or other) MP  
 Address Clarksville Mo Date signed 6-6-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 12

District File Number 6-48-10

Date Filed JUN 10 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *George O. Wagner*  
Licensed Embalmer No. *3773*  
P. O. Address *Louisiana*

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.