

FILED SEP 2 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 26985

3566

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		a. STATE MO		b. COUNTY Clay	
c. LENGTH OF STAY (in this place) 18 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kearney (Rural)					
d. FULL NAME OF HOSPITAL OR INSTITUTION Devine Brothers & Clarke				d. STREET ADDRESS (If rural, give location) 918 Oak			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) JOHN	b. (Middle) CALVIN	c. (Last) MORROW	Month) Aug	(Day) 18 th	(Year) 1949		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan-20-1873	9. AGE (in years last birthday) 76	UNDER 1 YEAR Months 6	DAYS 29	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY When Farming		11. BIRTHPLACE (State or foreign country) Clay Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Sidney Morrow		13b. MOTHER'S MAIDEN NAME Malvina Carey		14. NAME OF HUSBAND OR WIFE Manerow			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pauline Lubbs Kearney			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatitis, with Pyelitis and Prostatic Cystitis DUE TO (c) Hypertrophy of Prostatic Gland.					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION Aug 8 th - 49		19b. MAJOR FINDINGS OF OPERATION Hypertrophied Prostate Gland				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 2 nd , 1949, to Aug 18 th , 1949, that I last saw the deceased alive on Aug 18 th , 1949, and that death occurred at 5:50 A.M., from the causes and on the date stated above.							
23a. SIGNATURE G.M. Jaquiss (Degree or title) G.M. Jaquiss, M.D.				23b. ADDRESS 918 Oak Kansas City, Mo.		23c. DATE SIGNED 8/18/49	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Aug 20-49	24c. NAME OF CEMETERY OR CREMATORY Fairview Cem		24d. LOCATION (City, town, or county) Kearney, Missouri		(State) _____
DATE REC'D BY LOCAL REG. 8-18-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Leonard Fry			
				ADDRESS Kearney			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leonard Fry.....

Licensed Embalmer No. 1677.....

P. O. Address Kearney 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.