

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 28 1947

Registration District No. _____

Primary Registration District No. 5345

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Rural - Sac Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 miles North of Greenfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) 74 years

(c) PRINT FULL NAME GEORGE HENRY MORROW

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased September 13 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 0 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Tom Morrow
13. Birthplace No Record (City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Roy Morrow

(b) Address Greenfield Mo.

17. (a) Burial (b) Date thereof 3-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Mo.

18. (a) Signature of funeral director Sammy Samseney Jr.

(b) Address Greenfield Mo.

19. (a) 3-19-47 (b) Geo. E. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10 miles North Greenfield
(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 3 day 13
year 1947 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec. 13 1945 to Feb 20 1947
that I last saw him alive on Feb 20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (Means of injury)

23. Signature Harold Shockey (M. D. or other) D.O.

Address Greenfield Date signed 3-13-47

WRITE PLAINLY—USE 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.....

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

Signed.....

Sam E. Senseney Jr

Licensed Embalmer No.....

4089

P. O. Address.....

Greenfield, 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.