

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36766
Registration District No. 149
Primary Registration District No. 1002
Registrar's No. 4931

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:
Nora Rae Rest Home 309 GARFIELD 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-25-48-11-26-48
(Specify whether years, months or days) see above

3. (a) PRINT FULL NAME MRS. MISSOURI BELLE MORROW

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, 2 divorced WIDOWED
6. (b) Name of husband or wife W. W. MORROW 6. (c) Age of husband or wife if alive 6 years 18.56
7. Birth date of deceased DEC. 6 18.56
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 11 20 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name UNKNOWN HARRIS

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

14. Maiden name UNKNOWN

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

16. (a) Informant Wm. Couch

(b) Address Garkville, Mo.

17. (a) REMOVAL (b) Date thereof 11-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SECOND CREEK CEM.

18. (a) Signature of funeral director Holmes & Mitchell

(b) Address Platte City, Mo.

19. (a) 12-2-48 (b) Edw. Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PLATTE 83
(c) City or town LINKVILLE 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26
year 1948 hour 9 minute 45 M.

21. I hereby certify that I attended the deceased from Aug 25, 1948, to Nov 26, 1948.
that I last saw her alive on November, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 24 hrs.

Due to Senility

Due to

Other conditions Arteriosclerosis, Post cerebral
(Include pregnancy within 3 months of death)

Major findings encephalomalacia
Of operations

Of autopsy g30

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?
Helen M. Henery 2

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

Signature Helen M. Henery (M. D. or other) DO

Address 205 Garfield Date signed 11-29-48

MAR 29 1949

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...

Roland M. Giffey

Registered Apprentice No.

260

working under my personal supervision.

Signed

J. N. Brill

Licensed Embalmer No.

837

P. O. Address

Weston 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.