

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19111  
Do not use this space.

JUN 19 1939

1. PLACE OF DEATH  
 (a) County Linn Registration District No. SD 2  
 (b) Township 1 Primary Registration District No. 4305 Registered No. 18  
 (c) City Marceline (d) Street No. 133 Rutman Memorial Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Benjamin Franklin Morrow  
 (a) Residence, No. 2 St. 2  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF → Rose E. Knott Morrow (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1880

7. AGE YEARS 58 MONTHS 9 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 10. Date deceased last worked at this occupation (month and year) April 1939 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasantville Iowa

FATHER  
 13. NAME Wester V Morrow  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iudiana

MOTHER  
 15. MAIDEN NAME Mary Eddings  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasantville Iowa

17. INFORMANT (ADDRESS) Mrs Rose E Morrow Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive DATE May 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo M Raughter Marceline Mo

20. FILED 5-25-1939 Oliver E. Danant Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1939

22. I HEREBY CERTIFY, That I attended deceased from April 26 1939 to May 16 1939  
 I last saw him alive on May 16 1939. Death is said to have occurred on the date stated above, at 9:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
typhoid fever Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? WBC Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) Geo B Rutman M. D.  
Marceline Mo (Address)

STATE OF ILLINOIS  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

RECEIVED

District Health Officer No. 10

District File Number 10-39-1071

Date Filed JUN 14 1939

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,

Blanche M. Taughkin or by Dale Brunsh

Registered Apprentice No. 1409, working under my personal supervision.

Signed Blanche M. Taughkin

Licensed Embalmer No. 1909

P. O. Address Marceline

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, above space should be left blank.