

V. S. No. 2  
M-11-10-30  
REV. 5-16-59  
7-1-527492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. R. Williams

State File No. 11006  
Registrar's No. 305

APR 22 1940

Registration District No. 318

Primary Registration District No. 2001

39  
3  
6

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

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
610 Normal  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days ( )

3. (a) PRINT FULL NAME William T. Morrow  
8. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male race White 5. Color or race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Levicy Morrow 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: April 22 1858  
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Marchant

11. Industry or business 1

MOTHER FATHER { 12. Name Napoleon B. Morrow  
13. Birthplace McMinville Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy L. McDaniel  
15. Birthplace Randolph County North Carol  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Peabody  
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof March 29,  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H. H. Lohmeyer  
(b) Address Springfield, Mo. 200

19. (a) 3-29-40 (b) Chas. A. George  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 610 Normal  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 27  
year 1940 hour 8 minute 15 p.m.

21. I hereby certify that I attended the deceased from Aug 1, 1939, to March 27, 1940  
that I last saw him alive on March 27, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Prostate Gland  
Due to Primary  
Other conditions Age 51  
(Include pregnancy within 3 months of death)

Major findings: No operation  
Of operations \_\_\_\_\_  
Of autopsy None  
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) No  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? No injury  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Robert Williams (M. D. number) 1  
Address Springfield Mo Date signed 3/29/40

**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 *Walter E. Hamilton*

Licensed Embalmer No. *3808*

P. O. Address *Springfield 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, above space should be left blank.**