

Registration District No. **418** Primary Registration District No. **5572** Registrar's No. _____

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

3. (a) PRINT FULL NAME Thomas F. Morrow
8. (b) If veteran, name war No **8. (c) Social Security** No. None

4. Sex Male **5. Color or race** white **6. (a) Single, widowed, married, divorced** _____
6. (b) Name of husband or wife Della **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased Nov. 15, 1869
 (Month) (Day) (Year)

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

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER:
12. Name Hiram Morrow
13. Birthplace Wuksan Mo.
 (City, town, or county) (State or foreign country)
14. Maiden name Mary E. Jackson
15. Birthplace Wuksan Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edith Richardson
(b) Address Ashbury Mo.

17. (a) (Burial, cremation, or removal) Burial **(b) Date thereof** Oct. 1940
 (Month) (Day) (Year)
(c) Place: burial or cremation Waco Cemetery

18. (a) Signature of funeral director Knee Montucky
(b) Address Carthage Mo.

19. (a) (Date received local registrar) Oct. 9-40 **(b) (Registrar's signature)** Gene Hopkins

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 8, year 1940 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 30, 1940 to Oct 8, 1940 that I last saw her alive on Oct 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Chronic Coronary Arteriosclerosis

Due to _____

Other conditions had been under way
 (Include pregnancy within 3 months of death)

Major findings: of years for months
 operations _____
 Of autopsy 9413

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)

23. Did injury occur in or about home, on farm, in industrial place, in public place? At home
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature W. J. Rogers (M. D. or other) _____
Address Waco Mo. Date signed _____

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.

RECEIVED

District Health Officer No. 6,

District File Number

Date Filed OCT 14 1940

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 John D. Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage 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.

No. 2B
2-21-40
X22659

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35-607**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **417**

Primary Registration District No. **35-607**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Jasper T.P.**
(c) Name of hospital or institution _____
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community, _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jasper**
(c) City or town **Jasper**
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U.S.A.? _____ years.

3. (a) PRINT FULL NAME **Thos. F. Morrow**

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

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased **Nov 15-1869**
(Month) (Day) (Year)

8. AGE: Years **70** Months **10** Days **23**
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name **Airam Morrow**
13. Birthplace **Unknown, Mo.**
(State or foreign country)
14. Maiden name **Mary Jackson**
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edith Richardson**
(b) Address **Jasper, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 10-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Knell Carthage, Mo.**
18. (a) Signature of funeral director _____
(b) Address _____

19. (a) **Jan 2-41** (b) **Hern R. Hopkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **8**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Sept. 30**
19**40** to **Oct 7** 19**40**
that I last saw him alive on **Oct 7**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia**

Due to **Heart Block**
Due to **athome for a number of years**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
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)
(e) Means of injury _____

23. Signature **W.S. Hogan** (M. D. or other) _____
Address **West City, Mo.**

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

APPLIED

20
35-
74
66