

FILED DEC 29 1945 STANDARD CERTIFICATE OF DEATH

State File No. 42199

Registration District No. 292

Primary Registration District No. 5999

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls,
(b) City or town Rural (Center Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Center, Missouri.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 24 Yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Ralls, 87
(c) City or town Center, Missouri R.F.D.
(If outside city or town limits, write "RURAL")
(d) Street No. Center, Township.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME James Morrow.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single.

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July, 25, 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Farmer.

11. Industry or business Farm.

12. Name John Marrow.

13. Birthplace Ralls County, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Morrow.

15. Birthplace Ralls, County, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Chas E. Gattman,
(b) Address Center, Missouri.

17. (a) Burial (b) Date thereof 11/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Cemetery.

18. (a) Signature of funeral director Clyde Willey
(b) Address Perry, Missouri.

19. (a) 11/9/45 (b) Clyde Willey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 8th,
year 1945 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 3,
1944 to Nov. 2, 1945;
that I last saw him alive on Nov, 2, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (acute) 7 day
also left side paralyzed for 13 mo.
over 1 year

Due to Unknown
Other conditions Unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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?
(Specify type of place)

23. Signature C. H. Brooks (M-D or other) D.O.
Address Center, Missouri. Date signed 11-9-45

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

MOTHER FATHER

87
0
0

RECEIVED

District Health Officer No. 10

District File Number 23-45-1829

Date Filed DEC 20 1945

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 Clyde Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry 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.