No. 2
-9-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29907

Registration District No. 16 — Primary Registration District No. 3350 — Registrar's No. 62

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Rural - Lincoln
(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)
(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 Dallas 30
(c) City or town Rural - Lincoln 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lydia L. Morrow
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry R. Morrow
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec (Month) 4 (Day) 1877 (Year)

8. AGE: Years 68 | Months 9 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Lynn County (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Richard M. Davis
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha A Stevens
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Morrow
(b) Address Urbana, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-13-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Howard Chapel Cem.
18. (a) Signature of funeral director Vaughan-Rees
(b) Address Urbana, Mo.
19. (a) 9-30-46 (Date received local registrar) (b) Grace Patton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1946 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 15 1946 to Sept 12 1946, that I last saw h.. alive on Sept 12 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremic Toxemia Renal Disease	10 D
Due to:	
Due to: Cancer of Liver	2 Mo
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? 0 (e) Means of injury 0

23. Signature T A Rees (M. D. or other) M D
Address Urbana Mo Date signed 9-12-1946

Y6

(Licensed Embalmer's Statement on Reverse Side)

RET

Officer No. 7,

9-46-1022

Date Issued 10-9-46

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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Allen W. Vaughan

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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Oct

Registration District No. 96 — Primary Registration District No. 5350 — Registrar's No. 62

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Rural
(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)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lydia L. Morrow
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced Wid

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

7. Birth date of deceased Dec 4 1867
(Month) (Day) (Year)

8. AGE: Years 68 | Months 4 | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mr Frank Morrow
(b) Address Urbana, Mo

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

18. (a) Signature of funeral director
(b) Address

19. (a) 9-30-46 (Date received local registrar) (b) Grace Perkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 29
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY 2

29907