

FILED MAR 11 1942  
85

Registration District No.

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town St. Joseph Minn  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Missouri Methodist Hospt.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Six Days (Specify whether years, months or days)  
 In this community Six Days

3. (a) PRINT FULL NAME George Morelock  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None  
 4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widower  
 6. (b) Name of husband or wife Fannie Morelock  
 6. (c) Age of husband or wife if alive ✓ years  
 7. Birth date of deceased Dec. 6, 1854  
 (Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 12  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Adam Morelock

13. Birthplace Unknown Unknown  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Alic Morelock

(b) Address Halls, Mo.

17. (a) Burial (b) Date thereof Feb. 20, 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Curson Cem.

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill Ave.

19. (a) Feb 20, 1942 (b) H.D. Neathleburg  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Buchanan  
 (c) City or town Halls  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R. R. # 1  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18  
 year 1942 hour 8 minute 48 P. M.

21. I hereby certify that I attended the deceased from 2-10-  
1942 to 2-18-  
1942  
 that I last saw him alive on 2-18  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis over 2 weeks  
 Due to Generalized Arteriosclerosis second year

Due to Senility See analysis

Other conditions Emaciation  
 (Include pregnancy within 3 months of death)

Major findings: 932  
 Of operations \_\_\_\_\_

Of autopsy No

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 accident

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? none  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
no injury

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

23. Signature McGuiness (M. D. or other)

Address St Joseph Mo Date signed 2-20-42

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**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, ~~on~~ by 2/18/42

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

Signed Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.**