

FILED JUL 15 1942
Registration District No. **837**

Primary Registration District No. **6099**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bloomfield, Mo. R. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 3 years (years, months or days)

3. (a) PRINT FULL NAME Julettie Morlan

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

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

6. (b) Name of husband or wife John W. Morlan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 4 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

12. Name John Jines

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

14. Maiden name Delliolia

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

16. (a) Informant Mamie Eaker

(b) Address Zelma, Mo.

17. (a) Burial (b) Date thereof June 18 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gravel Hill

18. (a) Signature of funeral director Watkins Funeral Serv

(b) Address Dexter, Missouri

19. (a) June 15 1942 (b) Pearl Blum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. 1 Bloomfield, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1942 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from May 20 1942 to May 31 1942 that I last saw her alive on May 30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Premia Coma Duration _____
Due to Paraschismus hepaticus duration about 6 months
Due to _____

Other conditions (Include pregnancy within 3 months of death) 131 f

Major findings: Of operations ✓

Of autopsy No

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature J. E. Davis (M. D. or other) M. D.
Address Dexter, Mo. Date signed June 18 1942

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

RECEIVED

District Health Office No. 2,

District File Number 742-860

Date Filed JUL 13 1942

AUG 18 1942

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.....

B. J. Brentlinger
7291

Licensed Embalmer No.....

P. O. Address.....

Dexter, 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.