

FILED NOV 9 1943
Registration District No. **72**

Primary Registration District No. **100-5134**

Registrar's No. **1119**

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **R.F.D. # 8**
1 Washington Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 years**
(Specify whether years, months or days) **20 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph (Rural)**
(d) Street No. **R.F.D. # 8**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George James Morlock**
(b) If veteran, name war **No** (c) Social Security No. **None**

4. Sex **Male** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased **August 29, 1923**
(Month) (Day) (Year)

8. AGE: Years **20** Months **1** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **Halls, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **None (Invalid)**

11. Industry or business **None**

12. Name **Charles Morlock**
13. Birthplace **St. Joseph, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Ebling**
15. Birthplace **Halls, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Morlock (Father)**
(b) Address **R.F.D. # 6, St. Joseph, Mo.**

17. (a) Burial (b) Date thereof **10/12/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Kerlin Cemetery, Halls**

18. (a) Signature of funeral director: *John E. Gifford*
(b) Address **6054 Pryor Ave., City**

19. (a) **10/12/43** (b) *Rose Steyer*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **9**
year **1943** hour **9** minute **35 P.M.**

21. I hereby certify that I attended the deceased from **Oct. 3, 1943** to **Oct. 9, 1943**
that I last saw him alive on **Oct. 9, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of heart** Duration **1 day**

Due to **Bronchial Pneumonia** 7 days

Other conditions (include pregnancy within 3 months of death) **95ct**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **2**

23. Signature *E. J. Gross* (M. D. or other) **MD**
Address **500 E. King Hill** Date signed **10-11-43**

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

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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, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

John E. Rupp

Licensed Embalmer No.

3986

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.