

FILED SEP 2 1947
318

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

(b) City or town _____

(c) Name of hospital or institution: **Barnes Hospital**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 hours** (Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Tennessee** (b) County **Bradley 999**

(c) City or town **Cleveland** (If outside city or town limits, write "RURAL") **40**

(d) Street No. **1205 Church** (If rural, give location) **0**

(e) Citizen of foreign country? _____ (Yes or No) **2**

If yes, name country _____

3. (a) PRINT FULL NAME **Eunice Pearl Morelock**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **22**
year **1947** hour **12** minute **10 p M.**

21. I hereby certify that I attended the deceased from **August 22, 1947** to **August 22, 1947**;
that I last saw her alive on **August 22, 1947**;
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Jefferson D. Morelock**

6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **December 18 1902**
(Month) (Day) (Year)

Immediate cause of death _____ Duration **12 hrs.**

Intracranial hemorrhage

Due to **Leukemia, acute monocytic** **1 Month.**

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy **Enlarged spleen, liver - Ch**
Bone marrow changes

8. AGE **42** years Months **8** Days **4** If less than one day hr. _____ min. **44**

9. Birthplace **Ariton Alabama**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Robert Lee Hutto**

13. Birthplace **Ariton Alabama**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Jane Blocker**

15. Birthplace **Ariton Alabama**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jefferson D. Morelock**

(b) Address **Cleveland, Tenn.**

17. (a) **Removal** (b) Date thereof **8-23-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cleveland, Tenn.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **AUG 23 1947** (b) **J. F. Braddock**
(Date of registration) (Registrar's signature)

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) _____
(or) Means of injury _____

23. Signature **James V. Vagge** (M. D. or other) **0**

Address **Barnes Hospital** Date signed **22 Aug 1947**

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

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 S. Dennehy*
Licensed Embalmer No. *41947*
P. O. Address.....

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.