

No. 2
-1/47
-17-39

Registration District No. **1948**

Primary Registration District No. **5492**

1. PLACE OF DEATH:

(a) County **Harrison**
(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 **60 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrison 4/1**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **2 miles N.E. of Blythedale**
Colfax Township (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **ALBERT MILUM MORLEY**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Eva Lanora Morley** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **September 28 1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	4	14hr.....min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business.....

12. Name **Joseph Theodore Morley**

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

14. Maiden name **Ema Case**

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

16. (a) Informant **Eva Lanora Morley**

(b) Address **Blythedale**

17. (a) **Burial** (b) Date thereof **Feb. 15 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cedar Hill Cemetery**

18. (a) Signature of funeral director **E. J. Stoklass**

(b) Address **Cainsville, Missouri**

19. (a) **Feb 28 1948** (b) **S. Pha Shaw**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **12**
year **1948** hour **12** minute **43** A.M.

21. I hereby certify that I attended the deceased from **1943** to **Feb. 12, 1948**
that I last saw him alive on **Feb. 12, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach**
aprs.

Due to **Senility**

Due to.....

Other conditions (Include pregnancy within 3 months of death) **HBD**

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

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 **2**

23. Signature **J. B. Hye** (M.D. or other) **D.O.**

Address **Engleville, Missouri** Date signed **2/13/48**

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

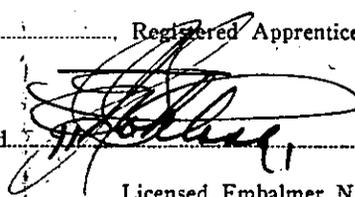
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of Mo.

Eddie J. Stoklasa

Registered Apprentice No. _____

working under my personal supervision.

Signed  _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.