

FILED AUG 17 1948

Registration District No. 379

Primary Registration District No. 4551

Registrar's No. 31

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

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Hartville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At his home in Hartville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 65 years
years, months or days)

3. (a) PRINT FULL NAME Charley Morelan
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Verna Morelan 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased 2 (Month) 9 (Day) 1883 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>6</u>	<u>9</u>	hr. _____ min.

9. Birthplace Wright Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name F. M. Morelan

13. Birthplace Dallis Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Coday

15. Birthplace Wright Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Verna Morelan

(b) Address Hartville Mo.

17. (a) Burial (b) Date thereof 7 24 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steel Mem. Cem.

18. (a) Signature of funeral director Gene E. Holden

(b) Address Hartville Mo.

19. (a) 7-29-48 (b) E. S. Garner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Wright
(c) City or town Hartville
(If outside city or town limits, write "RURAL")
(d) Street No. At his Home in Hartville
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 18
year 1948 hour 2:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-17-48
to 7-18, 1948

that I last saw him alive on 7-18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute Indigestion

Due to Overeating and drinking cold water while hot

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 118

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 _____

23. Signature [Signature] (M.D. or other) _____

Address Hartville Mo. Date signed 7-19-48

Duration

9 Hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 6,
District File Number 848-929
Date Filed AUG 16 1948

1948 AUG 20

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 Gene E. Halden
Licensed Embalmer No. 3865
P. O. Address Hartsville 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.