REC'D APR 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10192
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township Washington
(c) City St. Joseph
Registration District No. 85
Primary Registration District No. 1001
Registered No. 350
(d) Street No. 607 N. 11th. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 57 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? 75 yrs. — mos. — ds.

2. PRINT FULL NAME William Henry Morlock
(a) Residence, No. 607 N. 11th. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bertha R. Morlock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 13, 1857.

7. AGE: Years 81 | Months 8 | Days 18 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Cattle Buyer
9. Industry or business in which work was done, as saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month and year): 1939.
11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baden, Germany

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

17. INFORMANT: Mrs. Bertha R. Morlock
(ADDRESS) 607 N. 11th. St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemt.
PLACE St. Joseph, Mo. DATE Apr. 3, 1939.

19. FUNERAL DIRECTOR (NAME): H. O. Sidenfaden & Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 4/1 1939 A. J. Nestlebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 31, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1939 to Mar 31, 1939
I last saw him alive on Mar 31, 1939. Death is said to have occurred on the date stated above, at 8:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, paralysis right side of the body	Mar 31/39
Other contributory causes of importance: Arteriosclerosis, Hypertension	

Name of operation: none Date of: —
What test confirmed diagnosis? Physical examination Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury: none
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...
(Signed) Guy Thompson, M. D.
(Address) 805 Charles St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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, Robert P. Clarkson, or by ********, Registered Apprentice No. ******, working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028.

P. O. Address 1802 Union Str. St. Jose

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, above space should be left blank.