

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.

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

9419
Do not use this space.

REC'D APR 17 1939

1. PLACE OF DEATH

(a) County Gascon Registration District No. 399
 (b) Township Gascon Primary Registration District No. 112
 (c) City Kansas City (d) Street No. 260 Martin Luther 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 111 N. Denver St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)
Martin Luther Decker Martin Luther Decker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Decker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

FATHER 13. NAME James Decker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER 15. MAIDEN NAME Catherine Heule

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Mrs. Sarah Decker
111 N. Denver, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE Mar. 9-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. H. Blackman & Son, Inc.
2825 Inden Blvd. K.C. Mo.

20. FILED Arch 7 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7-39

22. I HEREBY CERTIFY, That I attended deceased from 3-1-39 to 3-7-39
 Last saw him alive on 3-7-39 Death is said to have occurred on the date stated above, at 3:25 a.m.
 The principal cause of death and related causes of importance were as follows:

Hypertrophy and dilatation of Heart; Arterial absence of left kidney
 Other contributory causes of importance: left kidney

Name of operation none Date of
 What test confirmed diagnosis intubation Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury
 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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) C. F. De Maria M. D.
 (Address) 2825 Inden Blvd. K.C. 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,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, above space should be left blank.