

1939 MAY 12 1939

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

14351
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 80
 (b) Township Summit Primary Registration District No. 5-7-20 Registered No. _____
 (c) City Easton (d) Street No. Route # 1, _____ 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 260 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Elizabeth Ann Decker
 (a) Residence, No. Route 1, Easton, Buchanan Co. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Decker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12 1871
 7. AGE YEARS 67 MONTHS 6 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) Clinton County 0
 (STATE OR COUNTRY) Missouri 1
 FATHER 13. NAME William H. Phillips 9
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Illinois
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown
 17. INFORMANT John Decker
 (ADDRESS) Route #1 Easton, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE City Cemetery DATE April 12, 1939
 19. FUNERAL DIRECTOR (NAME) Clark Mortuary
 (ADDRESS) 5025 King Hill Ave., St. Joseph,
 20. FILED April 12, 1939 Mrs. Lucy Donnell
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1939 1939
viewed
 22. I HEREBY CERTIFY, That I attended deceased from April 10th, 1939, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency Date of onset _____
 Other contributory causes of importance: none
 Name of operation _____ Date of _____
 What test confirmed diagnosis? History 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 _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 Mo. (Signed) B. W. Tadlock Coroner
80 (Address) King Hill Bldg, St. Joseph, Mo.

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.

RECEIVED

District No. 11

District File Number 38-507

Date Filed MAY 11 1939

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 *Earl A. Clark*

Licensed Embalmer No. 3476

P. O. Address *St Joseph 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, above space should be left blank.