

REC'D AUG 7 1939

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

25687  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Harrison Registration District No. 334  
 (b) Township Bethany Primary Registration District No. 4197 Registered No. 39  
 (c) City Bethany (d) Street No. \_\_\_\_\_ 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. da.

2. PRINT FULL NAME Edward Lee Decker  
 (a) Residence, No. Bethany Mo. 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 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 Francis Decker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4, 1905

7. AGE YEARS 33 MONTHS 10 DAYS 5 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County, Iowa

13. NAME Alva Decker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Iowa

15. MAIDEN NAME Laura Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County, Missouri

17. INFORMANT (ADDRESS) Mrs. Francis Decker, Bethany Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lion Cemetery DATE July 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joe E. Wheeler, Bethany Mo.

20. FILED 7-10- 1939 G. H. Wessels Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-23 1939, to 7-9 1939  
 I last saw him... alive on 6-8 1939. Death is said to have occurred on the date stated above, at 6:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
Infected hand - Syphilis  
 Date of onset 6-23-39

Other contributory causes of importance:  
None  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Uro Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury 6-20, 1939  
 Where did injury occur? In county - county -  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Industry - working in field  
 Manner of injury ledge thrown in hand  
 Nature of injury punches wound - RT thumb

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. T. Proyer, M. D.  
 (Address) Bethany 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.

Met. Dist. No. 11,  
District File Number 839-926  
Date Filed AUG 5 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 Joe E. Wheeler  
Licensed Embalmer No. 3512  
P. O. Address Bethany 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.**