

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

Dr. Kerr
43377
Do not use this space.

1. PLACE OF DEATH GREENE Registration District No. 318
 (a) County.....
 (b) Township..... Primary Registration District No. 2001
 or SPRINGFIELD
 (c) City..... (d) Street No. Bapt. Hosp. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary May Deckard
 (a) Residence, No. Route # 4 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 Female 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 Luther Deckard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1917

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or
<u>22</u>	<u>5</u>	<u>28</u>		

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) Ozark
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Charley Ellerman

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

MOTHER
 15. MAIDEN NAME Lennie Boldena

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

17. INFORMANT Luther Deckard
 (ADDRESS) R.F.D.#4 Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ozark, Mo. DATE Dec. 16, 1939

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer
 (ADDRESS) Springfield, Mo.

20. FILED 12/16, 1939 Chas. A. George
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1939, to Dec 13, 1939
 I last saw her alive on Dec 4 PM 1939 Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Fever and Empyema of Throat
 Date of onset

Other contributory causes of importance:
Bronchial Pneumonia

Name of operation 202 Date of Dec 13
 What test confirmed diagnosis? W Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19no
 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 none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) Dr. Kerr, M. D.
 (Address) Springfield 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.

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.....

James Osburn

, Registered Apprentice No. 227

working under my personal supervision.

Signed.....

L. Decker Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.

X