

ED MAY 15 1940

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1425**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3138 Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 years**
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **Mrs. Mary E. Decker 260**

3. (b) If veteran, name war **X**
3. (c) Social Security No. **None**

4. Sex **Female**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Aaron O. Decker**
6. (c) Age of husband or wife if alive **X** years
7. Birth date of deceased **May 15th 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	10	15	hr. min.

9. Birthplace **Kentucky,**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **James E. Mitchum**
13. Birthplace **X Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Adcox**
15. Birthplace **X Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Hazel Munn**
(b) Address **3138 Jefferson**

17. (a) **removal** (b) Date thereof **4/1/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Wichita, Kansas**

18. (a) Signature of funeral director **R. V. Lindsey & Sons**
(b) Address **381k Broadway**

19. (a) **April 1, 1940** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3138 Jefferson**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30th**
year **1940** hour **12** minute **25 AM** M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that he/she was alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
acute pulmonary edema
Hypertrophy of the heart
Coronary sclerosis
Other conditions **Obesity 95 lb**
(Include pregnancy within 9 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
361 _____ (Specify type of place)

23. Signature **Victor W. Hater** (M. D. or other)
Address **K. C. Mo.** Date signed _____

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.....

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

Signed

Joseph Keeler

Licensed Embalmer No. *B 738*

P. O. Address *1000*

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.