

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39  
5-1 x1931

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.

FILED JAN 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41777**

Registration District No. **67** Primary Registration District No. **4039** Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **Bollinger**  
(b) City or town **Marble Hill**  
(c) Name of hospital or institution: **Home**  
(If not in hospital or institution, write street number or location) **2**  
(d) Length of stay: In hospital or institution. (Specify whether) **2**  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Bollinger**  
(c) City or town **Marble Hill**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

3. (a) PRINT FULL NAME **El. Hamilton Deck**  
(b) If veteran, name war (c) Social Security No.  
4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Div**  
6. (b) Name of husband or wife **Emma Whitener Deck** 6. (c) Age of husband or wife if alive **78** years  
7. Birth date of deceased **April 22 1861**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **7** Days **8** If less than one day hr. min.  
9. Birthplace **Eliz Allen** **MO.** 0  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Butcher**  
11. Industry or business **9**  
12. Name **El. Deck**  
13. Birthplace **Not Known** 0  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Rhodes**  
15. Birthplace **Eliz Allen** **MO.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mary C. Estes**  
(b) Address **Marble Hill**  
17. (a) (b) Date thereof. (Month) (Day) (Year)  
(Burial, cremation, or removal) **Deck Cemetery**  
(c) Place: burial or cremation  
18. (a) Signature of funeral director **W. C. Buss**  
(b) Address **Butterfield Mo.**  
19. (a) **12/16/1940** (b) **Marble Hill**  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **12/15/40** day year hour minute M.  
21. I hereby certify that I attended the deceased from **12/15/40** to **12/15/40**, 19\_\_\_\_; that I last saw him alive on **12/15/40** and that death occurred on the date and hour stated above.  
Immediate cause of death **Coronary Occlusion**  
Duration  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature **John H. Myers** Date signed **12/16/40**  
Address **St. Louis Mo.**

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 1941

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**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, ~~only~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Glenn Wilson*

Licensed Embalmer No.....

*2828*

P. O. Address.....

*Jackson 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.**