

APR 28 1941

Registration District No. 727

Primary Registration District No. 5959

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Ralls  
(b) City or town Rural (Saltriver Township)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Perry, Mo. R.F.D.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 31 Yrs.  
years, months or days)

3. (a) PRINT FULL NAME Etta May Deckerd.

3. (b) If veteran, name war \_\_\_\_\_ 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 George C. Deckerd. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December, 12, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 2 27 hr. min.

9. Birthplace Knox County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business Home.

MOTHER FATHER { 12. Name Ezra M. Harper.  
18. Birthplace Unknown Ohio.  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Swan  
15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

18. (a) Informant Maivan Deckerd  
(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof 3/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wolf Cemetery.

18. (a) Signature of funeral director Clyde C. Wilkey

(b) Address Perry, Missouri

19. (a) 3/10/41 (b) Clyde C. Wilkey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87  
(c) City or town Perry, Mo R.F.D.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural. (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9<sup>th</sup> day March  
year 1941 hour 11:30 minute P.M.

21. I hereby certify that I ~~visited~~ examined the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

that I last saw her alive on Death body - Nov-10, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Excess Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy None

PHYSICIAN

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 H. E. Caldwell (M.D. or other) 3

Address New London Date signed 3/10/41

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

RECEIVED

District Health Officer No. 10

District File Number 4-41-775

Date Filed APR 14 1941

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 \_\_\_\_\_

Clyde C. Wilbey

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Clyde C. Wilbey

Licensed Embalmer No. 3826

P. O. Address Perry, 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.