

STANDARD CERTIFICATE OF DEATH

Registration District No. 597

Primary Registration District No. 5792

Registrar's No.

1. PLACE OF DEATH:

(a) County: MORGAN
(b) City or town: RURAL
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution: none
In this community: 84 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: MORGAN
(c) City or town: Rural
(d) Street No.:
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME: MARGARET E. DECKER

3. (b) If veteran, name was: none 8. (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: 6. (c) Age of husband or wife if alive: 3 years

7. Birth date of deceased: APRIL 3 1857

8. AGE: Years 84 Months 2 Days 5 If less than one day hr. min.

9. Birthplace: MORGAN-Co MO

10. Usual occupation: HOUSEWIFE

11. Industry or business: HOME

MOTHER FATHER { 12. Name: JOSEPH GOODHUE
13. Birthplace: unknown unknown
14. Maiden name: SARAH SON
15. Birthplace: unknown unknown

16. (a) Informant: Lonnie Decker (b) Address: Eldon Mo

17. (a) BURIAL (b) Date thereof: 6-10-41

(c) Place: burial or cremation: Eldon Cem

18. (a) Signature of funeral director: Faith M. Keys (b) Address: Eldon Mo

19. (a) 9-41 (b) H. C. Callison

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 8 year 1941 hour 3 minutes P.M.

21. I hereby certify that I attended the deceased from 2-1 1941 to 6-8 1941 that I last saw her alive on 5-15 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Wound

Due to: Carcinoma of Liver 1 yr

Due to:

Other conditions: 468

Major findings: Of operations: Of autopsy:

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? 527

While at work? (Specify type of place) (e) Means of injury:

23. Signatures: E. B. Shelton (M. D. or other) Address: Eldon Mo Date signed:

Duration 3 days
PHYSICIAN Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 6-46-1017

Date Filed 6-11-41

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.....

Walter P. Hedges

Registered Apprentice No. 263

working under my personal supervision.

Signed.....

Keith M. Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.