

No. 2
12-40
17-39
X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24648

FILED AUG 25 1941
Registration District No. 89

Primary Registration District No. 5131

Registrar's No. 313

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

1. PLACE OF DEATH:
(a) County BUTLER
(b) City or town RURAL Pinola, Blk & Tw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County BUTLER
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi W. Fagus Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CORDELL DECKER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 2 year 1941 hour 8 minute 5 P. M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEB 27 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-14-41 to 6-21-41, 19____; that I last saw him alive on 6-21-41, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
1 5 5 hr. _____ min.

Immediate cause of death Colitis
Duration _____
Due to _____
Due to _____
Other conditions 119a
(Include pregnancy within 3 months of death)

9. Birthplace FAGUS Mo
(City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____

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

MOTHER FATHER { 12. Name MARSHIE H DECKER
13. Birthplace RUMPY KY
(City, town, or county) (State or foreign country)
14. Maiden name ROENA REYNOLDS
15. Birthplace NASHVILLE TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant M.H. Decker
(b) Address Fagus Mo
17. (a) Burial (b) Date thereof Aug 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dublin Cem
18. (a) Signature of funeral director N.F. Phelps
(b) Address Paplar Bluff Mo
19. (a) 8-12-41 (b) Billie Kinne
(Date received local registrar) (Registrar's signature)

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 J.W. [unclear] (M. D. or other) D
Address _____ Date signed _____

RECEIVED

District Health Office No. 2

District File Number 841-113

Date Filed 8-19-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by.....

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

Signed N. J. Phelps

Licensed Embalmer No. 3231

P. O. Address Paplar Bluff me

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, fact should be so stated above.