

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25048

State File No.

Registration District No. 302

Primary Registration District No. 6231

Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town RURAL
(c) Name of hospital or institution:
Owensville, Mo. R
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community ALL HER LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME IDA JANE DECKER

8. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife James E Decker 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased MAY 18 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 06 If less than one day hr. min.

9. Birthplace WOOLLAH MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

12. Name John B. Shockley

13. Birthplace WOOLLAH Mo.
(City, town, or county) (State or foreign country)

14. Maiden name MINERVA SHOCKLEY

15. Birthplace WOOLLAH Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant E. D. Decker

(b) Address Owensville Mo

17. (a) Burial (b) Date thereof 7-27-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LIBERTY CEMETERY Owensville

18. (a) Signature of funeral director W. J. Jettentracter

(b) Address Owensville Mo

19. (a) 24 (b) B. A. Burns
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Gasconade
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Rural R. #3
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Mar
1, 1941, to July 24, 1941
that I last saw her alive on July 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial Nephritis

Due to 131a

Other conditions Endocarditis
(Include pregnancy within 3 months of death)

Major findings High Blood pressure
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?

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

23. Signature L. A. Burns (M. D. or other)

Address Bland Mo. Date signed 7-25-41

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, ME

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

Signed W. F. Gottmister

Licensed Embalmer No. 1444

P. O. Address Owensville 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.

STANDARD CERTIFICATE OF DEATH

State File No. 25048

Registration District No. 302

Primary Registration District No. 6231

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Gassonade
(b) City or town Rural Owensville
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Ida Jane Decker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color of race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife James Decker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 5 18 75
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 6 If less than one day _____ min.

9. Birthplace Woollam Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name J. M. Shockley

13. Birthplace Woollam Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Minerva Ousley

15. Birthplace Woollam Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of funeral director W.F. Gottenstroeter

(b) Address Owensville, Missouri

19. (a) July 24 (b) C. A. Bunge, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 21 Year 1941 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from 3-1 9-41 to 7-24 1941

that I last saw him alive on July 21 1941

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Brights Disease

Due to _____

Due to 131B

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTAL

MOTHER FATHER

S-25048