S. No. 2
I—4-13-40
v. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2657

Registration District No. 448 449 Primary Registration District No. 4267 Registrar's No.

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon Mo Tun
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Wallace Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53
(c) City or town Competition Mo
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Norma J. Decker
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan (Month) 5 (Day) 1942 (Year)

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

9. Birthplace Competition Mo (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Julius Decker
13. Birthplace Nebo Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Colvis Cook
15. Birthplace Winapaq Mo (City, town, or county) (State or foreign country)
16. (a) Informant Julius Decker
(b) Address Competition Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof 1-18-10 9 M (Month) (Day) (Year)
(c) Place: burial or cremation Porter Cemetery
18. (a) Signature of funeral director E N Stewart
(b) Address Lebanon Mo
19. (a) Jan 8-42 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1942 hour 3 minute 10 P. M.
21. I hereby certify that I attended the deceased from Jan 5, 1942 to Jan 7, 1942; that I last saw her alive on 1-7-, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death congenital deformity & opening at navel size half
Due to dollar & intestines protruding
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 157 m
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Lebanon Mo Date signed 1-8-4

1040 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

~~District Health Officer No.~~

District File Number 1-42-4

Date Filed 1-24-42

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

Signed E M Stewart

Licensed Embalmer No. 1585

P. O. Address Lebanon Mo. R

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.