

FILED-SEP 16 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3321

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C. General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. & 14 days
(Specify whether years, months or days)

In this community 37 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2803 Holly
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph T. Decker

3. (b) If veteran, name war NO

3. (c) Social Security No. 709-16-4132

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7th
year 1942 hour 8 minute 45 A.M.

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife Mrs. Anna Decker 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased Nov. 12 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-24-42, 19... to 9-7-42, 19...; that I last saw him alive on 9-8-42, 19...; and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 9 Days 25 hr. min.

Immediate cause of death: Fracture of right femur-accidental fall

9. Birthplace No Data Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Highway Witchman Rate Santa Fe R.R.

Due to 1860

Due to 10

Other conditions Lobar pneumonia
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

Major findings: Of operations Of autopsy See above

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Roy C. Decker

(b) Address 2803 Holly K.C. Mo.

17. (a) Removed (b) Date thereof 9/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem.

18. (a) Signature of funeral director Armons

(b) Address K.C. Mo.

19. (a) 9-8-42 (b) M. M. Brown
(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) Accident as above

(b) Date of occurrence 7-23-42 1943

(c) Where did injury occur? home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home
(Specify type of place)

While at work? _____ (e) Means of injury fall

23. Signature Dr. K. C. Decker (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital K.C. Mo. Date signed _____

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.