S. No. 2
—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6584

Registration District No. 157 Primary Registration District No. 5588 Registrar's No. 39

49
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0

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Sarcoxie (Rural) Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home of Hugo Heidlage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Over 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Sarcoxie City 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME J. Hartley Deck
3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex m
5. Color or race W
6. (a) Single, widowed, married, Married
6. (b) Name of husband or wife Effie
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Sept. 10, 1859 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	4	29	hr. min.

9. Birthplace Wilmington (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Farmer- retired
11. Industry or business General farming
FATHER
12. Name John Deck
13. Birthplace Wilmington (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Barbara Baker
15. Birthplace Wilmington (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. Pearl Heidlage
(b) Address Sarcoxie, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/43 (Month) (Day) (Year)
(c) Place: burial or cremation Sarcoxie Cemetery
18. (a) Signature of funeral director Roland C. Engelage
(b) Address Sarcoxie, Missouri
19. (a) Feb. 10 '43 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9
year 1943 hour 12 minute 00 A.M.
21. I hereby certify that I attended the deceased from June 1940, 19 to Feb 1943
that I last saw him alive on Feb 8 1943, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senile debility - as result of cerebral apoplexy	
Due to Cardio vascular renal disease	5 yrs
Due to cerebral apoplexy	
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.

1310

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 2
23. Signature Dr. J. E. Kilbane (M.D. or other) DO
Address Sarcoxie Mo Date signed Feb 9

1203 (Licensed Embalmer's Statement on Reverse Side)

43-2-148

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 George B. Orr

Licensed Embalmer No. 946

P. O. Address Mt. Vernon, M

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.