S. No. 2
I—9-4-41
5-17-39

FILED APR 15 1943

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 10108

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 99

**1. PLACE OF DEATH:**

(a) County Dent

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

(c) Name of hospital or institution: X

X (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether years, months or days)

In this community most her her life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Dent

(c) City or town Salem (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 —

3. (a) PRINT FULL NAME Sabina Jane Decker

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex female

5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Frank M. Decker

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased March (Month) 6 (Day) 1879 (Year)

8. AGE: Years 64 Months - Days 6 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business X

FATHER
12. Name Nathan Riley
13. Birthplace — (City, town, or county) — (State or foreign country) 9

MOTHER
14. Maiden name Sarah Jane Williams
15. Birthplace — (City, town, or county) — (State or foreign country) 9

16. (a) Informant Dorothy Decker

(b) Address Salem Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43 (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cem

18. (a) Signature of funeral director [illegible]

(b) Address Salem Mo

19. (a) 3-13-43 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar day 12 year 1943 hour 11 minute 40 P M.

21. I hereby certify that I attended the deceased from 3-12, 1943 to 3-12, 1943 that I last saw her alive on 3-12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis — Duration 2 day

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

93e1

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 2

23. Signature Dr. R. H. Kohler (M. D. or other)

Address Salem, Mo. Date signed 3-15-43

(Licensed Embalmer's Statement on Reverse Side)

1177

RECEIVED
District Health Officer No. 5
District File Number 443233
Date Filed 4-12-43

JUN 29 1943

## 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 [illegible]

Licensed Embalmer No. 2320

P. O. Address Salem 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, fact should be so stated above.**