S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40326

FILED JAN 5 1949

Registration District No. 10149

Primary Registration District No. 1002

Registrar's No. 5528

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: Kansas City Gen'l Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8

(d) Street No. 1017 Holmes (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LOVELL DECKER

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: 72 Years | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Coroner office

(b) Address KC

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-27-43 (Month) (Day) (Year)

(c) Place: burial or cremation KC Central Ill

18. (a) Signature of funeral director P Chapellum

(b) Address KC

19. (a) 12-27-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1943 hour 8 minute 47A M.

21. I hereby certify that I attended the deceased from Deputy, to Coroner, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonea	
Due to	
Due to 107	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Inspection & History

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 A. E. Upsher (M. D. or other) M.D.

Address 23 McCoy Date signed 12/27/43

(Licensed Embalmer's Statement on Reverse Side)

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. 4273

P. O. Address. LCC

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.