S. No. 2
1—8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1944

Registration District No. 13

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17323

Primary Registration District No. 5056

Registrar's No. 34

1. PLACE OF DEATH:

(a) County: Barry

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 48 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry

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

(d) Street No.: Purdy, Mo. R#1
(If rural, give location)

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

3. (a) PRINT FULL NAME: Pierre Leopole Decocq

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Male

5. Color or race: W

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

6. (b) Name of husband or wife: Hazel L. Decocq

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: March (Month) 24 (Day) 1896 (Year)

8. AGE: Years 48 | Months 1 | Days 6 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: Farming

11. Industry or business .....

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

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

16. (a) Informant: Hazel Decocq
(b) Address: Purdy, Mo. R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/2/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Pleasant

18. (a) Signature of funeral director: Wm Morris Payne
(b) Address: Wheaton, Mo.

19. (a) May 5 1944 (Date received local registrar) (b) Andna Willoughby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1944 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from July 25, 1942 to May 1, 1944 that I last saw him alive on Feb 28 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	4 Mo
Due to: Tuberculosis of 8th Dorsal Vertebrae	1 year
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
Of autopsy:	

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 ..... (M. D. or other)
Address ..... Date signed .....

132 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 644-675
Date Filed JUN 6 1944

JUN 9 1944

JUL -7 1950

JUN 14 1944

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 Wm Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.