

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 223

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 34 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau 16
(If outside city or town limits, write "RURAL")
 (d) Street No. 205 South Sprigg Street 17
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME

Eliza Decker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph Decker 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased June 19th 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 0 20 _____ hr. _____ min.

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

10. Usual occupation Domestic Housework

11. Industry or business _____

12. Name John Cooper

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Manuriva Clark

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Decker

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 7-11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (c) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 7-15-44 (b) F. W. Shelton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
 year 1944 hour 1 minute P.M. M.

21. I hereby certify that I attended the deceased from 7-5-44 to 7-9-44 1944
 that I last saw h. alive on 7-9-44 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death PERITONITIS

Due to APPENDICITIS

Other conditions Diabetes
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 61
 Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury 7-11-44

23. Signature [Signature] (M. D. or other) MD
 Address Cape Girardeau Date signed 7/13/44

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

16-4

RECEIVED

District Health Officer No. 4
District File Number 844-4176
Date Filed 8-7-44

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

Howard P. Laman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Missouri

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.