

FILED SEP 9 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 671

39
2
6

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

1. PLACE OF DEATH: GREENE.
 (a) County GREENE.
 (b) City or town SPRINGFIELD
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1947 N. MAIN. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Greene 39
 (c) City or town Springfield. 2
 (If outside city or town limits, write "RURAL") 6
 (d) Street No. 1947 N. main
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country J

3. (a) PRINT FULL NAME CORDELIA HAZEL DECK.

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color of race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JAMES M. DECK 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased NOV. 6, 1891
 (Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 10 If less than one day hr. min.

9. Birthplace CHICAGO ILL. /
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME.

12. Name LEONARD FRENNER

13. Birthplace W.M. IOWA. /
 (City, town, or county) (State or foreign country)

14. Maiden name CORDELIA BARR

15. Birthplace CHICAGO ILL. /
 (City, town, or county) (State or foreign country)

16. (a) Informant James M. Deck
 (b) Address 1947 N. Main, Springfield, Mo.

17. (a) Burial (b) Date thereof Aug 13, 44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.
 18. (a) Signature of funeral director J. W. Klingner & Co.
 (b) Address Springfield, Mo.
 19. (a) 8-17-44 (b) S. W. Handley
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
 year 1944 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from 7-28- 1944 to 8-16- 1944
 that I last saw her alive on 7-28- 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left breast with metastasis to left lung.
 Due to Lung. 1 yr.

Due to.....
 Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations.....
 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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature C. E. Feller (M. D. or other).....
 Address Springfield, Mo. Date signed.....

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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, Appréntice No.
working under my personal supervision.

Signed *Max Rhodes*

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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.