

FILED MAR 27 1946

Registration District No. 178

Primary Registration District No. 4283

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town EWING, MO
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community all her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Ewing
(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 EVA L DECKER

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Arthur Willis Decker 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Nov 10 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm. Wall
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Garrison
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Woodworth
(b) Address Ewing Missouri

17. (a) Burial (b) Date thereof Feb. 25, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ewing, Mo.

18. (e) Signature of funeral director Thos. Ball

(b) Address Ewing, Mo.

19. (a) 8-28-46 (b) P. W. Jensen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1946 hour 1:30 minute 30 A.M.

21. I hereby certify that I attended the deceased from FEB 21 1946 to FEB 23 1946
that I last saw her alive on FEB 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death LOBAR PNEUMONIA

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 W. P. E. May M. D. or other _____

Address Paragard Mo Date signed 2/26/46

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

2058

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RECEIVED

District Health Officer No. 10

District File Number 3-46-569

Date Filed MAR 19 1946

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: Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.