

FILED APR 24 1946

Registration District No. 1218

Primary Registration District No. 2000

Registrar's No. 314

1. PLACE OF DEATH:

(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:
568 W. Locust /
(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 Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 568 W. Locust 6
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary Elizabeth Decker

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

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

6. (b) Name of husband or wife Charles L. Decker 6. (c) Age of husband or wife if alive UNK. years

7. Birth date of deceased June 30, 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jeremiah E. Flood

13. Birthplace UNK. UNK-9
(City, town, or county) (State or foreign country)

14. Maiden name UNK.

15. Birthplace UNK. UNK. CI
(City, town, or county) (State or foreign country)

16. (a) Informant Husband, Chas. L. Decker

(b) Address 568 W. Locust, Spfld, Mo.

17. (a) Burial (b) Date thereof 4-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park.

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address 534 St. Louis, Springfield, Mo.

19. (a) 4-10-46 (b) O W E Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1946 hour 11 minute 5-0 P.M.

21. I hereby certify that I attended the deceased from 3-26-46, 1946, to 4-8-46, 1946;
that I last saw her alive on 4-8-46, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Pyelitis
Renemia Duration 2-3 wks
10 days

Due to _____

Due to _____

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

Major findings: Of operations 1230

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 [Signature] (M. D. or other) 0

Address Springfield, Mo. Date signed 4-9-46

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

11732

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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Springfield, 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.

X