

No. 2
5-43
17-39
X36671

FILED MAY 9 1946

Registration District No. **243**

Primary Registration District No. **4364**

Registrar's No. **14**

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

1. PLACE OF DEATH:

(a) County **Newton**
(b) City or town **Stella, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Stella Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days**
(Specify whether
In this community
years, months or days) **---**

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. **2 1/2 mi NW Ridgley, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **---**

3. (a) PRINT FULL NAME **Charley R. Decker**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Mrs. Aria Decker** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **October 1, 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 **5** **28** **-- hr. --- min.**

9. Birthplace **Barry County Missouri**
(City, town, or county) (State or foreign country)
Farmer

10. Usual occupation **Farmer**

11. Industry or business **Farm**

12. Name **Charley Decker**

13. Birthplace **Holland**
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Foster**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Aria Decker**

(b) Address **RFD, Exeter, Missouri**

17. (a) **Burial** (b) Date thereof **3/31/1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rocky Comfort, Cem.**

18. (a) Signature of funeral director **W.P. Koon**

(b) Address **Cassville, Mo.**

19. (a) **4-28-1946** (b) **Dra. Tanner, by Mrs.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29th**
year **1946** hour **9:00** minute **P.M.**
21. I hereby certify that I attended the deceased from **Mar. 23** 19**46** to **Mar. 29** 19**46**
that I last saw him alive on **Mar. 29** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tumor of Bladder**
Duration **1 week**

Due to **---**
Due to **---**

Other conditions **---**
(Include pregnancy within 3 months of death)

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? **---**

(Specify type of place)
While at work (e) Means of injury **---**

23. Signature **J.R. Clumpton** (M. D. or other)
Address **Stella, Mo.** Date signed **4/2/46**

RECEIVED

District Health Officer No. _____

District File Number 5-16-61

Date Filed MAY 7 1946

SEP 10 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

J. C. Canada

Licensed Embalmer No.

4196

P. O. Address

Cassville, 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.