No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

Registration District No. 148

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 563-03033

State File No. 28195

Registrar's No.

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(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 years, months or days) In this community entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53
(c) City or town Lebanon Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. Old Springfield road (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Robert Allison 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 married
6. (b) Name of husband or wife Effie Decker
6. (c) Age of husband or wife if alive 58 years
7. Date of death March (Month) 17 (Day) 1885 (Year)

8. AGE: Years 62 Months 5 Days 9 If less than one day hr. min.

9. Birthplace Pulaski Co. Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation Retired farmer
11. Industry or business
FATHER
12. Name Henry C. Decker
13. Birthplace Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sinie Thomas
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Effie Decker
(b) Address Lebanon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cemetery
18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo.
19. (a) Sept 6, 1947 (Date received local registrar) (b) Ora Frankeberger (Registrar's signature) 152

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1947 hour 08 minute 05 P.M.
21. I hereby certify that I attended the deceased from March 1, 1947 to Aug 26 1947; that I last saw him alive on Aug 26 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure — Duration
Due to Cerebral Hemmorhage
Due to Hypertension
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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) 2
While at work? (e) Means of injury

23. Signature P. G. Saunders (M. D. or other) D.O.
Address Lebanon, Mo. Date signed 9/4/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Received 9/12/47

Laclede County Health Unit

File No. 8-47-148

Date Filed 9/13/47

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.