No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 25 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37325

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 361

1. PLACE OF DEATH:
(a) County: ~~Scott~~ Cape
(b) City or town: ~~Sikeston~~ Cape Girardeau, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo. Hospital
(If not in hospital or institution, write street number or location) ~~Smith Addition~~
(d) Length of stay: In hospital or institution 7 days 0 (Specify whether years, months or days)
In this community Most all of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott 100
(c) City or town Sikeston, Missouri 5
(If outside city or town limits, write "RURAL") 2
(d) Street No. Smith Addition
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME WILLIAM R. DECKER
3. (b) If veteran, name war no
3. (c) Social Security No. unknown

4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Ann Decker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 25, 1870 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	0	9	hr. min.

9. Birthplace Saline Co. Ill. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Self
FATHER
12. Name Lewis Decker
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Wife
(b) Address Sikeston
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Orville Taylor
(b) Address Sikeston, Mo.
19. (a) 12-2-47 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 47 hour 5:30 minute a. M.
21. I hereby certify that I attended the deceased from 9-30-47, 19..., to 10-4, 19 47 that I last saw him alive on 10-3-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Branch Pneu	1 day
Due to: Uraemia	?
Due to: Prostatic obstruction	?
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)
While at work? (e) Means of injury

23. Signature Paul M. Nussbaum (M. D. or other) M.D.
Address Cape Girardeau Mo. Date signed 11-12-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 1142-1464

Date Filed 11-22-47

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 James M Scott

Licensed Embalmer No. 4350

P. O. Address East Prairie, 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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 366

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Scott
(c) City or town: Sikeston (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: William 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
6. (c) Age of husband or wife if alive
7. Birth date of deceased: Sept 25 1870 (Month) (Day) (Year)
8. AGE: Years 77 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name: Lewis Decker
13. Birthplace (City, town, or county) Ky. (State or foreign country)
MOTHER 14. Maiden name: Unk
15. Birthplace (City, town, or county) Unk. (State or foreign country)
16. (a) Informant: Wife
(b) Address: Sikeston
17. (a) (Burial, cremation, or removal) (b) Date thereof 10-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Orville Taylor
(b) Address: Sikeston, Mo
19. (a) 12-2-47 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1947 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	1 day
Due to: Uremia	
Due to: Prostatic obstruction	
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: Paul Nussbaum M.D. (M. D. or other)
Address: Cape Girardeau Date signed

SUPPLEMENTARY

37325