No. 300
1—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26243

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2951

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3606 Thompson ave. (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: 45 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City Missouri 3 (If outside city or town limits, write "RURAL")
(d) Street No.: 3606 Thompson ave. 8 (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country: ____

3. (a) PRINT FULL NAME: Louis Edgar Decker
3. (b) If veteran, name war: No
3. (c) Social Security No.: none
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of ~~husband or~~ wife: Etta Decker
6. (c) Age of ~~husband or~~ wife if alive: 66 years
7. Birth date of deceased: October (Month) 13th (Day) 1882 (Year)
8. AGE: Years 65 | Months 9 | Days 4 | If less than one day ____ hr. ____ min.
9. Birthplace: Adams (City, town, or county) Nebraska (State or foreign country) 1
10. Usual occupation: Upholsterer
11. Industry or business: for self
FATHER 12. Name: George Decker
FATHER 13. Birthplace: ____ (City, town, or county) Nebraska (State or foreign country) 1
MOTHER 14. Maiden name: Adelaide Lyons
MOTHER 15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mrs. Etta Decker
(b) Address: 3606 Thompson ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 20-1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Mount Moriah Cemetery
18. (a) Signature of funeral director: Mrs. C. L. Forster
(b) Address: 918 Brooklyn Kansas City Mo.
19. (a) 7-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1948 hour 8 1 minute 15 P. M.
21. I hereby certify that I attended the deceased from 7/2, 1948, to 7/17, 1948, that I last saw him alive on 7/17, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	7 days
Due to: Arterio Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 830	
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: R. H. Williams M.D. (M. D. or other)
Address: 5400 St John Kc Date signed: 7/18 48
Kc. Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr. P. A. Williams
5400 St John
Be 2159
get Monday

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn, K. C., 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.