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Sa. Father's Name 13b. Mother's Maiden Name 14. Name of Husband or Wife 15. SWO DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 16b. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 16b. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 16b. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 16b. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS ADDRES	done during most of worki		10b. KIN	D OF BUSINE	SS OR IN- DUSTRY	l	te or foreign	oountry)	0	12. CITI	ZEN OF WHA
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NO. NO. MATTY Ellen Decker -Bland MO 18. CAUSE OF DEATH Enter only one onessue per time for (a), (b), and (c) 18. This does not mean the mode of dying, such the the mode of dying, such the mode of dying, such the the dying of the the dying the the above cause (a) state the the mode of dying, such the the dying of the the dying the the dying of the dying the the dying of the the dying the the dying of the dying the the deep of dying the the deep of the dying the the deep o	Welcome D	ecker		Mary	Ellen	Lowe	Na	rtha Be	asle	<u> </u>	
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Enter only one cause or lines for (a), (b), and (c) "This does not mean the mode of dying, such the substituting to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) JULIANIE (CITY, TOWN, OR TOWNSHIP) COUNTY) COU	18. CAUSE OF DEATH	-		M	EDICAL C		***	0	~	INTER	VAL BETWEEN
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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition consting death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES NO 21a. ACCIDENT SUICIDE Condition consting death. 21b. PLACE OF INJURY (e.g., in or about SUICIDE County) YES NO 21a. ACCIDENT SUICIDE County Co	etc. It means the dis-	the underlying cau	se last.		(e) ·		" V				
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22. I hereby certify that I attended the deceased from 6 2, 19 45, to 7 3, 19 47, that I last saw the decease alive on 6 2, 19 45, to 7 3, 19 47, that I last saw the decease alive on 6 2 2, 19 45, and that death occurred at 7 2 3b. ADDRESS 23c. DATE SIGNET 23c. DATE SIGNET 23c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (Sixte) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 235 25. FUNERAL DIRECTOR & TIGNATURE 35. FUNERAL DIRECTOR & TIGNATURE 35.	21d. TIME (Mosth)	<u> </u>				21f. HOW DID INJUF	Y OCCUR?			-	
alive on 6 21, 1949, and that death occurred at					T WORK	1 //-	7 -	119			
Cas. SIGNATURE (Degree or title) (Degree or title	: J:-				حي –	· / ·	the cause	, , ,			
24a. BURIAL. CREMA- TION, REMOVAL (Speakly) BURIAL AND ATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (Sate) (Sate	23a. SIGNATURE	2 12.11	5		ree or title)		30	nd ?	mo		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 235 25. FUNERAL DIRECTOR & ST GNATURE	24s. BURIAL, CREMA TION, REMOVAL (Breath)	24b. DATE	\ <u>\</u>						wn, or com	ıty)	(State)
	DATE REC'D BY LOCAL	<u> 6/6/49</u> . Registrar's s	IGNATURI			Cometery	CTOR S	ie Count	5	Mig	our1
	June 8. 1949	12a D.	un	une o. a		Basamann !	Fune	ral Ser	rvice	-B	land

THE DIVISION OF HEALTH OF WISSOURI

RECEIVED
District File Number
JUN 16 1949
Dete Filed

STATEMENT BY LICENSED EMBALMER

		,
working under my personal supervision.	Signed Quites Sassinger	-
Student Embalmer	P. O. Address Sland	
Note: The above MUST BE SIGNED BY THE LICENSED	EMBALMER in his OWN HANDWRITING. (Failure to comp	dy with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.