S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 16 1940

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 27990

Registrar's No. 892

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

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5
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1. PLACE OF DEATH:

(a) County: Buchanan,

(b) City or town: Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 318 East Rosine, 2
(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: 82 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri, (b) County: Buchanan

(c) City or town: Saint Joseph,
(If outside city or town limits, write "RURAL")

(d) Street No.: 318 East Rosine Street,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Louise M. Decker, 260

3. (b) If veteran, name war: None,

3. (c) Social Security No.: None,

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single,

6. (b) Name of husband or wife: ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: January 31, 1853 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	6	12	____ hr. ____ min.

9. Birthplace: Burlington, (City, town, or county) Iowa, (State or foreign country) 1

10. Usual occupation: Seamstress,

11. Industry or business: Wholesale Dry Goods,

FATHER
12. Name: Franz A. Decker, 1
13. Birthplace: Unknown, (City, town, or county) Germany, (State or foreign country) 6

MOTHER
14. Maiden name: Rosine Bohnert,
15. Birthplace: Unknown, (City, town, or county) Germany, (State or foreign country) 6

16. (a) Informant: Mrs. R. N. Leites
(b) Address: 1317 No. 10th. Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/15/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Mora Cemetery

18. (a) Signature of funeral director: Mrs. Bert Bowman Funeral
(b) Address: 319, South 10th. Street, Saint Joseph

19. (a) 8/15/40 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature) L.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 13th.
year: 1940 hour: 12:00 minute: 20 P.M.

21. I hereby certify that I attended the deceased from June 3, 1940 to Aug. 13, 1940 that I last saw her alive on Aug. 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Asthma - Bronchial	30-35 yrs.
Myocarditis - Chr.	20 yrs.
(Asthma)	
Due to Embolism pulmonary	7 hrs.
Due to Pneumonia	24 hrs.
Due to Decubitus Ulcer	6 weeks

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: None 97 C

Of autopsy: Not done

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: G. T. Glover M.D.
Address: 1418 N. 3d Date signed: 8/14/40

(Licensed Embalmer's Statement on Reverse Side)

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 Aug 13-40

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address 317 So. 10 St Joseph 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.