

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7575

Do not use this space.

1. PLACE OF DEATH

(a) County Ralls, Registration District No. 725
(b) Township _____ Primary Registration District No. 4433 Registered No. 8
(c) City Perry, Missouri. (d) Street No. 1 St. S. J.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 6 yrs. mos. ds.

2. PRINT FULL NAME Mowry E. Deckerd.

(a) Residence, No. Perry, Missouri. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Neva Deckerd.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October, 12, 1871
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 3 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as saw mill, bank, etc. Farm.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls County, Missouri.

FATHER 13. NAME George A. Deckerd.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Penn.

MOTHER 15. MAIDEN NAME Hanna Foster.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. England.

17. INFORMANT (ADDRESS) Mrs. Neva Deckerd. Perry, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wolf Cemetery. DATE Feb. 12, 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clydel Wilkey Perry, Missouri.

20. FILED 2/12 1942 Mrs. Carl Perkinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1942

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1941 to Feb. 11, 1942
I last saw h. in alive on Feb. 10, 1942. Death is said to have occurred on the date stated above, at 4:00 A.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis (Pituitoid) 10 years
Date of onset _____

Other contributory causes of importance: 13 P

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical X-ray Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) John Mowry M. D.
(Address) Perry, Missouri.

RECEIVED

District Health Officer No. 10

District File Number 10-42-413

Date Filed MAR 11 1942

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, _____

Clyde Wilkey or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Clyde Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Ind.

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, above space should be left blank.