

S. No. 2
1-1441
5-17-39
X26390
5300

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10664

FILED MAR 29 1943
Registration District No. 170

Primary Registration District No. 5636

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:
(a) County. LACLEDE
(b) City or town. WASHINGTON Imp
(c) Name of hospital or institution:
CONWAY R. I. I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community ALWAYS
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County WRIGHT
(c) City or town GROVE SPRINGS
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MINNIE ETTA DECKARD
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAR day 8
year 1943 hour 11 minute P M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife G.W. DECKARD 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 18 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 20 1943 to March 5 1943
that I last saw him alive on March 5 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 8 20 hr. min.

Immediate cause of death Cerebral
Effluviu
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace WEBSTER CO MO
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE

MOTHER FATHER
12. Name WINCHESTER W. HAYNES
13. Birthplace MO
(City, town, or county) (State or foreign country)
14. Maiden name VIRGINIA GRAVES
15. Birthplace MO
(City, town, or county) (State or foreign country)

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?
While at work? _____ (Specify type of place) _____
(c) Means of injury _____

16. (a) Informant Tommy Lee Colton
(b) Address P. I. Conway
17. (a) BURIAL (b) Date thereof 3-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CUDA CEM.
18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO
19. (a) Mar-10-43 (b) Grace Royce
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

1090

(Licensed Embalmer's Statement on Reverse Side)

Received 170
Laclede County Health Unit
File No. 3-43-41
Date Filed 7-24-43

MAR 29 1943

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..... *R. Bahner*

Licensed Embalmer No. *1161*

P. O. Address *Letman 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.