

National Office of Vital Statistics

FILED MAR 3 1948

Registration District No. ....

Primary Registration District No. **56.3.2**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County **Laclede**

(b) City or town **Oakland (Rural)**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wright** <sup>114</sup>

(c) City or town **Grove Springs** <sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location) <sup>1</sup>

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **George W. Deckard**

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **8**  
year **1948** hour **11** minute **A.M.**

21. I hereby certify that I attended the deceased from **1-20**, 19**48** to **2-8**, 19**48**  
that I last saw him alive on **2-7**, 19**48**  
and that death occurred on the date and hour stated above. Duration

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Nina Bell Calton**

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

7. Birth date of deceased **Sept. 21 1874**  
(Month) (Day) (Year)

Immediate cause of death **Chonchial Pneumonia**

Due to.....

Due to.....

Other conditions **Diabetes mellitus year**  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>4</b>	<b>17</b>	hr. .... min.

9. Birthplace **Webster Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business.....

12. Name **George W. Deckard**

13. Birthplace **Idaho**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

Major findings: **61**

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant **Mrs. J. R. Lindsay (dau.)**

(b) Address **Oakland Mo.**

17. (a) **Burial** (b) Date thereof **2-10-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bramhall Cemetery**

18. (a) Signature of funeral director **W. E. Holman**

(b) Address **Lebanon, Mo.**

19. (a) **2/7/48** (b) **Louis B. Gentry**  
(Date received for registrar) (Registrar's signature)

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 **J. B. Sumner** (M. D. or nurse) <sup>114</sup>

Address **Lebanon Mo.** Date signed **2-9-48**

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

53  
0  
0

Received 3/2/48  
Iacolede County Health Unit  
File No. 3-48-28  
Date Filed 3/2/48

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 Dorsey W. Howe  
Licensed Embalmer No. 4222  
P. O. Address Lebanon, 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.