

APR 15 1939

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

10197
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 83
(b) Township Jackson Primary Registration District No. 5118
(c) City _____ (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

Joseph M Seckel
(a) Residence, No. London Co. Mo St. (If nonresident, give city or town and State)

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 Ida Seckel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 - 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 7
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. _____
10. Date deceased last worked at this occupation (month and year) 60 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) Andrew Co. Missouri (STATE OR COUNTRY)

FATHER 13. NAME Henry Seckel

FATHER 14. BIRTHPLACE (CITY OR TOWN) Pennsylvania (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Agnes Warner

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Oliver Boyd, Deborn Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Davis Chapel DATE Mar 23 - 1939

19. FUNERAL DIRECTOR (NAME) Lucian Davis (ADDRESS) Deborn Mo.

20. FILED 3-22, 1939 W. S. Bull Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21 - 1939

22. I HEREBY CERTIFY That I attended deceased from March 18th 1939 to March 21st 1939
I last saw him alive on March 21st 1939. Death is said to have occurred on the date stated above, at 12:30 p. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
10th
Date of onset 3-18-39
Other contributory causes of importance: Asthmatic Bronchitis 1922

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Exp. Was there an autopsy? No

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? No
If so, specify _____
(Signed) S. S. Surham M. D.
(Address) Deborn Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 11,

District File Number 288

Date Filed APR 10 1937

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

Lucian Davis

Licensed Embalmer No. 1714

P. O. Address Deerborn 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, above space should be left blank.