

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

33677
Do not use this space

1. PLACE OF DEATH *Stoddard*
 (a) County *Stoddard* Registration District No. *4506*
 (b) Township *Bell city* Primary Registration District No. *4506* Registered No. _____
 (c) City *Bell city* (d) Street No. _____ St. _____
 (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? yrs. mos. da.

2. PRINT FULL NAME *Lennie Segus*
 (a) Residence, No. *Bell city, Mo.* 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 *7* 4. COLOR OR RACE *col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF *William Segus*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 1887*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 3 5
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Demost, Mo.*

FATHER 13. NAME *Nash*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

MOTHER 15. MAIDEN NAME *Campbell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT (ADDRESS) *Willie W. Segus
Bell city, Mo.*

18. BURIAL, CREMATION OR DISPOSAL PLACE *McMullin, Mo.* DATE *1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Edwin Ellis
Sibleston, Mo.*

20. FILED _____ 19 _____ Local Registrar *759*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 11, 1939*
 22. I HEREBY CERTIFY, That I attended deceased from *Sept 2* 1939 to *Sept 11* 1939
 I last saw h. alive on *Sept 2* 1939 Death is said to have occurred on the date stated above, at *9:30* a.m.
 The principal cause of death and related causes of importance were as follows:

myocarditis
hypertension
 Other contributory causes of importance: _____
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? *clinical* 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? _____
 If so, specify _____ (Signed) *W. H. Prussell*, M. D.
 (Address) *Sibleston, 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.

RECEIVED

District Health Officer No. 2

District File Number 239-241

Date Filed 10-2

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

Signed Adrian Ellis
Licensed Embalmer No. 3869
P. O. Address Leicester

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

33677
Do not use this space.

1. PLACE OF DEATH
 (a) County Stoddard Registration District No. 834
 (b) Township _____ Primary Registration District No. 4506 Registered No. 38
 (c) City Bell City (d) Street No. _____ St.
 (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? yrs. mos. ds.

2. PRINT FULL NAME Lennie Segers
 (a) Residence, No. _____ 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 7 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) on

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Segers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 - 1887

| | | | | |
|--------|-----------|----------|----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>32</u> | <u>3</u> | <u>5</u> | |

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) _____
 11. Total time (years) spent in this occupation _____

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

FATHER
 13. NAME ? Nash
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Wm Segers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Willie Edith Segers Bell City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McMullen Co DATE 1939

19. FUNERAL DIRECTOR (ADDRESS) Orden Ellise Director

20. FILED 11/16 1939 D & M Kee Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1939 to Sept 11, 1939
 I last saw him alive on Sept 2, 1939 Death is said to have occurred on the date stated above, at 9 A. M.
 The principal cause of death and related causes of importance were as follows:

M. F. Carditis
Hypertension
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) G. W. H. Greenell, M. D.
 (Address) Director

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

