

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

STANDARD CERTIFICATE OF DEATH

State File No. 29104

FILED SEP 23 1940

Registration District No. 556 Primary Registration District No. 4328 Registrar's No. 41

1. PLACE OF DEATH:

(a) County: Mercer
(b) City or town: Princeton
(c) Name of hospital or institution: Adelle Hospital
(d) Length of stay: In hospital or institution: 6 hrs
In this community: 6 hrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Mercer
(c) City or town: Princeton, MO
(d) Street No.: RFD
(e) If foreign born, how long in U. S. A.: years.

3. (a) PRINT FULL NAME: VERON O SEGO

3. (b) If veteran, name war: 3. (c) Social Security No.:

4. Sex: male 5. Color or race: White 6. (a) Single, widowed, married, divorced: single

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

7. Birth date of deceased: December 21 1934

8. AGE: Years 5 Months 8 Days 10 If less than one day hr. min.

9. Birthplace: Mercer Co, MO

10. Usual occupation:

11. Industry or business:

12. Name: Albert Sego

13. Birthplace: Mercer Co, MO

14. Maiden name: Alta Starks

15. Birthplace: Mercer Co, MO

16. (a) Informant: Albert Sego

(b) Address: Mercer MO

17. (a) Burial (b) Date thereof: Sept 2 1940

(c) Place: burial or cremation: Middlepoint

18. (a) Signature of funeral director: Noel Mass

(b) Address: Princeton MO

19. (a) Date received local registrar: 9/2-40 (b) Registrar's signature: J M Perry

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 2 year: 1940 hour: 4 minute: 30 P.M.

21. I hereby certify that I attended the deceased from 1:30 PM, 1940, to Sept 2 4:30 PM, 1940; that I last saw him alive on Sept 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Intussusception

Due to: Obstruction of Bowel

Due to: 12 1/2 hrs

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Intussusception of the ascending colon. Of autopsy: none

Duration: three days. PHYSICIAN: Underline the cause to which death should be charged statistically.

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? 494

While at work? (Specify type of place) (e) Manner of injury: 3

23. Signature: Dr B. J. Artell (M. D. or other) P.O.

Address: Princeton MO Date signed: 8-3-40

RECEIVED

District Health Officer No. 11,

District File Number 940-1336

Date Filed SEP 5 1940

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 M

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

Signed Near Moss

Licensed Embalmer No. 2634

P. O. Address Concord, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.