

SEP 24 1940
Registration District No. 582Primary Registration District No. 5779

State File No. _____

Registrar's No. 30

1. PLACE OF DEATH:

- (a) County MONROE
 (b) City or town RURAL - JACKSON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
WEST OF PARIS, MO.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 60 yrs

3. (a) PRINT FULL NAME OTVILLE L. SECoy3. (b) If veteran, name war. NOT KNOWN 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife BERTHA SECoy
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased MAY. 20, 1880
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 25 hr. min.9. Birthplace MONROE Co., MO.
 (City, town, or county) (State or foreign country)10. Usual occupation FARMER

11. Industry or business

12. Name HENRY SECoy
 13. Birthplace MISC.
 (City, town, or county) (State or foreign country)
 14. Maiden name MALINDA BUTLER WOODS
 15. Birthplace MADISON, MO.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bertha Secoy(b) Address PARIS, MO.17. (a) BURIAL (b) Date thereof SEPT. 16, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation WALNUT GROVE18. (a) Signature of funeral director Spalding Blakely(b) Address PARIS, MO.19. (a) 9-15-40 (b) F. A. Barnett, M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County MONROE
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. WEST OF PARIS, MO
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 15
 year 1940 hour 5 minute 30 A.M.21. I hereby certify that I attended the deceased from 5-17-40
 _____, 19____, to 9-15, 19____;
 that I last saw him alive on 9-15-40, 19____;
 and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage Duration NKDue to Coronary of Liver

Due to _____

Other conditions 46
 (Include pregnancy within 3 months of death)Major findings:
 Of operations _____Of autopsy none

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?
910
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Hellis & Christman, D.O.
 Address PARIS, MO Date signed 9-10-40

RECEIVED

District Health Officer No. 10

District File Number 9-40-1830

Date Filed SEP 23 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed C. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, 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.