

Registration District No. 804

Primary Registration District No. 6549

Registrar's No.

1. PLACE OF DEATH:
(a) County Schuyler
(b) City or town Crecentop, MO
(c) Name of hospital or institution:
None
(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

3. (a) PRINT FULL NAME Mary Etta Segee
3. (b) If veteran, name war _____
3. (c) Social Security No. Not Known

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive Seventy years
7. Birth date of deceased 12 (Month) 25 (Day) 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>10</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Penn (City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business same

MOTHER FATHER
12. Name John Zener
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eva Robinson
(b) Address Crecentop, Mo.

17. (a) Burial (b) Date thereof 9-25-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crecentop Cem.

18. (a) Signature of funeral director Wm. G. Baker
(b) Address Crecentop, MO

19. (a) 9/24-41 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County 98
(c) City or town _____ (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 23
year 1941 hour 8 minute 40 P. M.
21. I hereby certify that I attended the deceased from Aug. 10, 1941, to begin of death, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes + Cardiac Dehcn. Not Known

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 61

Major findings: Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (a) Means of injury 7

23. Signature Wm. G. Baker, D.O. (M. D. or other) _____
Address Crecentop Date signed _____

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. 10

District File Number 11-41-1984

Date Filed NOV 6 1941

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. S.

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

Signed

Wm N West

Licensed Embalmer No.

2852

P. O. Address

Lucasville 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.