

FILED APR 8 1942

Registration District No. 713

Primary Registration District No. 4428

Registrar's No. 7324

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville Town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community one year, 2 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski
(c) City or town Waynesville "rural"
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Albert Cristian 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 _____

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

7. Birth date of deceased Dec. 26 - 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 1 25 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Levi Sego
13. Birthplace Atlanta Indiana
(City, town, or county) (State or foreign country)

{ 14. Maiden name Pittal Anderson
15. Birthplace Waynesville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Levi Sego
(b) Address Waynesville

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

(c) Place: burial or cremation Gospel Ridge

18. (a) Signature of funeral director Leslie Diestelkamp

(b) Address Waynesville, Mo.

19. (a) 3-4-1942 (b) Thomas M. Wood
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 26
1941, to Feb 21, 1942
that I last saw him alive on Feb 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia (lobar) Duration _____

Due to Exposure

Due to Influenza

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

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) (e) Means of injury _____

23. Signature R.O. DeWitt, D.O. (M. D. or other) Do
Address Waynesville, Mo. Date signed 2/25/42

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

15
0
0

RECEIVED

Pulaski County Health Officer

File Number 342-11-3

Date Filed 3-15-42

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.....

Licensed Embalmer No.

P. O. Address.....

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.