

V. S. No. 2  
50M-5-42  
Rev. 5-17-39  
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33279

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 2 1942  
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 787

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town St. Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 2603 Seneca Street,  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 In this community 52 years.  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2603 Seneca St.  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John James Setchell  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. 707-05-7794

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month October day 19th  
 year 1942 hour 7 minute 30 PM.

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife Mary Agnes  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased January 23 1870  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 17 1942 to Oct 5 1942 that I last saw him alive on Oct 5 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	72	8	26	hr. _____ min.

Immediate cause of death: *Obstruction of stomach*  
*Cyberis-Pteryx*  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Ottumwa Iowa  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Retired - Conductor  
 11. Industry or business C.B. & Q. R.R.

Other conditions (include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy None

MOTHER FATHER  
 { 12. Name William Setchell  
 { 13. Birthplace Unknown England  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Margaret Story  
 { 15. Birthplace Unknown England  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
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16. (a) Informant Miss. Dorothy Setchell  
 (b) Address 2603 Seneca Str., St. Joseph, Mo.  
 17. (a) Burial (b) Date thereof Oct. 22, 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Olivet Cemetery  
 18. (a) Signature of funeral director *Herman D. Sidenfaden*  
 (b) Address 1802 Union Str., St. Joseph, Mo.  
 19. (a) 10-22-42 (b) Rose Heigoy  
 (Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_  
 23. Signature *Frank H. Deegen* (M. D. or other)  
 Address 620 Thoreson Date signed 10/24/42

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

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**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

*Albert C. Harrington*

Licensed Embalmer No.

*3258*

P. O. Address

*St. Joseph, 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, fact should be so stated above.**