

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **40**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4030 Prospect
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **no.** (Specify whether
 In this community **3 years** (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4030 Prospect**
(If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Phoebe Madora Ann Sechrest**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **Lafayette Sechrest** 6. (c) Age of husband or wife if alive **dec.** years
 7. Birth date of deceased **September 22 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	3	13 14	hr. min.

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

10. Usual occupation **at home**

11. Industry or business **C**

MOTHER FATHER { 12. Name **Robert Bennett**
 13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
 14. Maiden name **Nancy Catherine Rose**
 15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Virgil A. Southwich**
 (b) Address **4030 Prospect, Kansas City, Mo.**

17. (a) **Removal** (b) Date thereof **1-7-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Odessa, Missouri**

18. (a) Signature of funeral director **Stine & McClure**
 (b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **1-5-43** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **5th**
 year **1943** hour **5:00** minute **A** M.

21. I hereby certify that I attended the deceased from **Nov 9** 19**42** to **Jan 5** 19**43**;
 that I last saw her alive on **Jan 4** 19**43**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis** **1 yr**
Hypertension **8 yrs**
arteriosclerosis **8 yrs**
 Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy **none**
 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 **Harvey E. Schorn** (M. D. or other) **M.D.**
 Address **243 W. 13th St., Kansas City, Mo.** Date signed **1-5-43**

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

Dr. H. E. Schoen, Werby Bldg.

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. 1415

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, fact should be so stated above.