

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 25 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 43

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:
Missouri Methodist Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 hrs
(Specify whether years, months or days)
 In this community 35 years

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. 1702 Highly
(If rural, give location)
 (e) Citizen of foreign country? No (Yes of No)
 If yes, name country

3. (a) PRINT FULL NAME William McClung Sego

3. (b) If veteran, name war No 3. (c) Social Security No. 491-10-5722

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Myrta Sego 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased November 22 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>1</u>	<u>20</u>	hr. min.

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

10. Usual occupation Special Police for Street Railway Co.

11. Industry or business
 12. Name Marion Sego Va
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name Laura Jones Va
 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Myrta Sego

(b) Address 1702 Highly, St Joseph Mo.

17. (a) Burial (b) Date thereof 1-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Miller Cem.

18. (a) Signature of funeral director Fleeman & Son Inc
 (b) Address 1946 Colhoun

19. (a) 1-13-43 (b) Olave Heagy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th
 year 1943 hour 10 minute 45 A.M.
 21. I hereby certify that I attended the deceased from 1-10-43
 to 1-11-43
 that I last saw him alive on 1-11-43
 and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial infarction and coronary thrombosis
 Due to arterio sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 94 a

Major findings:
 Of operations
 Of autopsy

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 H. H. Kealy M.A. (M. D. or other)
 Address St Joseph Mo Date signed 1-12-43

Duration

12 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 _____

Robert H. Yapple

Licensed Embalmer No. 3308

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.