

S. No. 2  
M-5-42  
7-5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9685

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

Registrar's No. 328

APR 1943

Registration District No. 42

Primary Registration District No. 1000

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:  
Nursing Home, 1501 Francis Street, 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months  
(Specify whether years, months or days)

In this community 40 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. 6th. & Robidoux Street.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Wiley Sego

3. (b) If veteran, name war No

3. (c) Social Security No. 500-10-4160

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th.  
year 1943 hour 6:00 minute A. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 23 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from up 3 1942 to 3/29- 1943  
that I last saw him alive on 3/29-43 19\_\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

62 11 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Percious Aemia ryp

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Gentry County Missouri 1  
(City, town, or county) (State or foreign country)

Other conditions 13a  
(Include pregnancy within 3 months of death)

10. Usual occupation Custodian

11. Industry or business Scottish Rite Cathedral

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name William Sego

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

14. Maiden name Bettie Groom

15. Birthplace Gentry County Missouri 0  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Masonic Lodge Records

(b) Address 6th. & Robidoux St. St. Joseph.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 4-2-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn

(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? \_\_\_\_\_

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 13th. & Faraon St. St. Joseph, Mo.

While at work? \_\_\_\_\_  
(Specify type of place) Means of injury 2

19. (a) 4-2-43 (b) Rose Sego  
(Date received local registrar) (Registrar's signature)

23. Signature Will W. Grow M. D. or Other 0

Address 222 Logan B Date signed 3/20/43

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

**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 Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

**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.**