No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Beckman 3325

State File No.

Registration District No. 187

Primary Registration District No. 5607

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural, Kingsville twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 51

(a) State Missouri (b) County Johnson

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Northwest of Kingsville, Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME MARY LILLIE SEATON SECHREST

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white /

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

6. (b) Name of husband or wife James Wm. Sechrest

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June 19, 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	11	21	hr. min.

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

10. Usual occupation housewife

11. Industry or business at home

FATHER
12. Name James Francis Seaton
13. Birthplace Pennsylvania (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Sarah Kennison
15. Birthplace Pennsylvania (City, town, or county) / (State or foreign country)

16. (a) Informant J. W. Sechrest
(b) Address Kingsville, Missouri.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.

19. (a) 1-10-44 (Date received local registrar) (b) Kathryn S. Conaday Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1944 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-30, 1943, to Jan 9, 1944
that I last saw her alive on Jan 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Asthma	2 wks
Due to Myocarditis, (Acute)	
Due to Chronic Arthritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93a
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. Beckman (M. D. or ~~other~~)
Address Strasburg Mo Date signed 1/10/44

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(Licensed Embalmer's Statement on Reverse Side)

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 Samuel B Popejo

Licensed Embalmer No. 4044

P. O. Address Holden 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.