No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15981

State File No. .....

FILED APR 20 1944

Registration District No. 3742

Primary Registration District No. 6153

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard

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

(d) Street No. 102
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0 0

3. (a) PRINT FULL NAME Dellarey Segers

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex female

5. Color or race Col

6. (a) Single, widowed, married, divorced X 0

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

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

7. Birth date of deceased Jan. (Month) 16 (Day) ~ 1940 (Year)

8. AGE: Years 4 | Months | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Scott County Mo (City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Willie Segers
13. Birthplace ..... (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Pullen
15. Birthplace ..... (City, town, or county) Miss (State or foreign country)

16. (a) Informant Virginia Segers
(b) Address Bell City Mo.

17. (a) Burine (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation Pilgrim Rest Feb. 6 1944

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) March 20 44 (Date received local registrar) (b) M. R. Thruwer (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan. day 31
year 1944 hour 8 minute 8 M.

21. I hereby certify that I attended the deceased from ..... , 19..., to ..... , 19...;
that I last saw h..... alive on ..... , 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death burned to death when house in which family lived was destroyed by fire

Duration

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

181-1

Major findings:
Of operations .....

15

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 Jan 31-1944

(c) Where did injury occur? at home (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 Pass Nearn Acting Coroner

Address Bloomfield, Mo

113)

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 444-650
Date Filed 4-12-44

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 Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sickston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.