

FILED AUG 11 1947

DR. WAYNE WALLACE

Registration District No. **42**

Primary Registration District No. **5130**

Registrar's No. **927**

1. PLACE OF DEATH:

(a) County **BUCHANAN - Rush Twp**
 (b) City or town **RUSHVILLE RURAL**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.F.D. NO. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community **67 YEARS** years, months or days)

3. (a) PRINT FULL NAME **CHARLES PRESTON SEGO**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **MARY S. GORDON SEGO** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **DEC. 28, 1860**
 (Month) (Day) (Year)

8. AGE: Years **86** Months **7** Days **6** If less than one day _____ hr. _____ min.

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

10. Usual occupation **FARMING**

11. Industry or business _____

MOTHER FATHER { 12. Name **GRANVILLE D. SEGO** 7
 13. Birthplace **UNKNOWN** 7
 (City, town, or county) (State or foreign country)
 14. Maiden name **ELMYRA SHOEMAKER**
 15. Birthplace **UNKNOWN** 9
 (City, town, or county) (State or foreign country)

16. (a) Informant **MRS. CHARLES P. SEGO**

(b) Address **RUSHVILLE, MO.**

17. (a) **BURIAL** (b) Date thereof **8-7-1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SUGAR CREEK-RUSHVILLE**

18. (a) Signature of funeral director **Wm. Stanton, Jr.**

(b) Address **ATCHISON, KAN.**

19. (a) **8-8-47** (b) **W. B. Jenkins**
 (Date received local registrar) (Registrar's signature) 287

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **BUCHANAN**
 (c) City or town **RUSHVILLE RURAL**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **R.F.D. NO. 2**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG.** day **4**, 19**47**
 year **11** hour **00** minute **A.M.** M.

21. I hereby certify that I attended the deceased from **Nov 20** 19**46** to **Aug 4** 19**47**
 that I last saw him alive on **Aug 7** 19**47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Ayolemia** **2 mos**
 Due to **Chronic nephrosclerosis** **years**

Due to **Arteriosclerosis**
 Other conditions **Chf. fibrous myocarditis 2 yrs**
 (Include pregnancy within 3 months of death)
Severely

Major findings:
 Of operations **none**
 Of autopsy **none**

Duration
 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? **E, MO.**

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature **Wayne Wallace** (M. D. or other) **MD**
 Address **114 So. 7th Atchison, Mo.** Date signed **8-5-47**

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

MAR 8 1957

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..... *Wm B. Stanton Jr*

Licensed Embalmer No. *3778*

P. O. Address..... *Atchison, Kan*

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.