

FILED JAN 20 1943

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **262**

1. PLACE OF DEATH:  
 (a) County **Jackson**  
 (b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**2535 Montgal /**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **30 Yrs.**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2535 Montgal**  
(If rural, give location)  
 (e) Citizen of foreign country? **0** (Yes or No)  
 If yes, name country **0**

3. (a) PRINT FULL NAME **Floyd Sechrest**  
 3. (b) If veteran, No. **Floyd** 3. (c) Social Security No. **486-01-0370**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Jan** day **17** year **1943** hour **8** minute **45** M.  
 21. I hereby certify that I attended the deceased from **Jan 15, 1943** to **Jan 17, 1943**  
 that I last saw him alive on **Jan 15, 1943**  
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Ada M. Sechrest** 6. (c) Age of husband or wife if alive **52** years  
 7. Birth date of deceased **April 21 1890**  
(Month) (Day) (Year)

Immediate cause of death **acute cardiac decompensation**  
 Due to **Ch Myocarditis**  
 Duration **at least 10 years**

8. AGE: Years **52** Months **8** Days **26**  
hr. min.

Due to **9315**

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **Social worker service men club**

PHYSICIAN  
 Major findings:  
 Of operations **✓**  
 Of autopsy **✓**  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 11. Industry or business  
 12. Name **G. W. Sechrest**  
 13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **unknown**  
 15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ada M. Sechrest**  
 (b) Address **2535 Montgal**  
 17. (a) **Burial** (b) Date thereof **Jan. 19-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Green Lawn**

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 **✓**

18. (a) Signature of funeral director **Eylar Funeral Home**  
 (b) Address **1800 Linwood K.C. Mo.**  
 19. (a) **1-18-43** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

23. Signature **Paul M. ...** (M. D. or other) **M.D.**  
 Address **1232 Paul M. ...** Date signed **1-18-43**

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

*Dr. Brungler Prof. Bledy*

**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 *Chas Walks*  
Licensed Embalmer No. *2644*  
P. O. Address *1800 Linwood*

**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.**