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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3898

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 15

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs. 4 mos. 9 das. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

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

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

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

If yes, name country

3. (a) PRINT FULL NAME JOHN W. SECOY

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased January (Month) 24, (Day) 1870 (Year)

8. AGE: Years 75 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Pemiscot Co., (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Common laborer

11. Industry or business

MOTHER FATHER

12. Name John W. Secoy

13. Birthplace Pemiscot Co., (City, town, or county) Missouri (State or foreign country)

MOTHER

14. Maiden name Mary Belle Morgan (?)

15. Birthplace Pemiscot Co., (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-46 (Month) (Day) (Year)

(c) Place; burial or cremation Hospt. Cem., Farmington Mo.

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Missouri

19. (a) Jan. 17, 1946 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th year 1946 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 5, 1943 to January 10, 1946 that I last saw him alive on January 9, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho Pneumonia.	3 days
Due to following influenza	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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 Frank J. Nichols (M. D. or other)

Address Farmington, Mo. Date signed 1-10-46

(Licensed Embalmer's Statement on Reverse Side)

1915

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

RECEIVED

District Health Officer No. 4

District File Number 246-1730

Date Filed 2-8-46

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 Paul K Duga

Licensed Embalmer No. 4120

P. O. Address Farmington 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.