

FILED MAR 27 1946

State File No. _____
Registrar's No. 1226

Registration District No. 149 Primary Registration District No. 1002

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 hrs.
(Specify whether years, months or days)

In this community 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3743 Monroe
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas J. Sego

3. (b) If veteran, name war no.

3. (c) Social Security No. 499-10-5647

4. Sex male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August 27 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	6	12	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business X

12. Name James Sego

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Martha McComis

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clyda Sego,

(b) Address Stanberry, Missouri

17. (a) removal
(Burial, cremation, or removal)

(b) Date thereof: 3-9-46
(Month) (Day) (Year)

(c) Place: burial or cremation Stanberry, Missouri

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-12-46
(Date received local registrar)

(b) Seraldine Holmes
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1946 hour 6 minute 35 AM

21. I hereby certify that I attended the deceased from March 8 1946 to March 9 1946
that I last saw him alive on March 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy See above

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 fall

23. Signature Clark W. Seely
(M. D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 3-9-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

8593

Mudman

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 J. A. Allan

Licensed Embalmer No. 1415

P.O. Address K. C. 710

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.