No. 300
10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29147

FILED SEP 27 1948

Registration District No. ~~4059~~

Primary Registration District No. ~~4099~~ 5229

Registrar's No. 163

1. PLACE OF DEATH:

(a) County: Cass

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

(c) Name of hospital or institution: 3 miles n. E. Sreasburg 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 30 years (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missoiri (b) County: Cass

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

(d) Street No.: 3 miles N. E. Strasburg (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Harry Luther Sechrest

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: Oma L. Sechrest

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: Nov, 15 1896 (Month) (Day) (Year)

8. AGE: Years 51 Months 10 Days 2 If less than one day hr. min.

9. Birthplace: Sarpie Neb. (City, town, or county) (State or foreign country)

10. Usual occupation: farmer

11. Industry or business:

FATHER 12. Name: Luther Sechrest

FATHER 13. Birthplace: Hickmans Mill, Mo. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Blanch Hendrix

MOTHER 15. Birthplace: — Mich. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Oma Sechrest

(b) Address: Rural Pleasant Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-20-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Strasburg, Mo.

18. (a) Signature of funeral director: Allen Brownfield

(b) Address: Pleasant Hill, Mo.

19. Sept. 18-1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Found Dead 9/16, 1948, 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: DROWNING Accidental — (Duration)

Due to: Driving TRACTOR & RAN INTO Creek —

Due to:

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

Major findings: Of operations: No

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): Accident 19

(b) Date of occurrence: 9-16-48

(c) Where did injury occur? Strasburg (City or town) Cass (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road — (Specify type of place)

While at work? yes (e) Means of injury:

23. Signature: [illegible] (M. D. or other) MD

Address: Harrisonville Mo Date signed 9/17/48

(Licensed Embalmer's Statement on Reverse Side) Coroner, Cass, Co

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 Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address Pleasant Hill, Ma

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.