

No. 2  
-12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14686

State File No. \_\_\_\_\_

Registration District No. 296

Primary Registration District No. 6018

Registrar's No. 11

1. PLACE OF DEATH:

(a) County RAY

(b) City or town RURAL, FISHING RIVER  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2 1/2 miles South East, Ex. Spgs.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether \_\_\_\_\_)

In this community 11 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County RAY 89

(c) City or town Rural, RR 2. 0  
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. 2. Ex Spgs, Mo. 0  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES A. SEXTON

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

3. (c) Social Security No. NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-18, 1947  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Thursday, 1947 to 3-18, 1947  
that I last saw him alive on 3-18, 1947  
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Mary L. Sexton

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 15 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death Acute Coronary Thrombosis

Due to Arteriosclerosis

Due to \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace Ray County MO.  
(City, town or county) (State or foreign country)

10. Usual occupation Pipe Fitter

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Lease Sexton 9

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

14. Maiden name Ellen Swaps

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

16. (a) Informant Mrs. Mary L. Sexton

(b) Address R.R. 2 Excelsior Springs Mo.

17. (a) Burial (b) Date thereof 3-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs, Crown Hill Cem.

18. (a) Signature of funeral director Vivian Hope

(b) Address Excelsior Springs Mo.

19. (a) 3/22/47 (b) Allen J. Larkin  
(Date received local registrar) (Registrar's signature)

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

Major findings: 94A

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature W. J. Johnson (M. D. or other) NW.

Address Excelsior Springs Date signed 3/19/47

272 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

also Filed 4-15-47

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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. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

**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.**