

FILED SEP 4 1948  
Registration District No. **749**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **J. C. Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Osteopathic Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days**  
In this community **3 days**  
years, months or days

3. (a) PRINT FULL NAME **JESSE DEWITT SEXTON**

3. (b) If veteran, name war **no**  
3. (c) Social Security No. **no**

4. Sex **m** 5. Color or race **w**  
6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Eva Sexton**  
6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **Sept 6 1885**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **11** Days **22**  
If less than one day hr. min.

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

10. Usual occupation **State Senator**

11. Industry or business **Farming**

12. Name **Geo W Sexton**

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

14. Maiden name **Laura Creek**

15. Birthplace **Calay Co Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Eva Sexton**

(b) Address **Lawson Mo**

17. (a) **Burial** (b) Date thereof **Aug 30 '48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lawson Cemetery**

18. (a) Signature of funeral director **Jarman Prichard**

(b) Address **Lawson Mo**

19. (a) **8-28-48** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**  
(c) City or town **Lawson**  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **28** - **48**  
year **1948** hour **12 AM** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **8-25**, 19**48** to **8-28**, 19**48**; that I last saw h. **im** alive on **8-28**, 19**48**; and that death occurred on the date and hour stated above.

Immediate cause of death **insufficiency of respiration**  
Due **Carcinoma of the liver**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **466**  
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 **J. Sexton** (M, P, or other) **MD**  
Address **Ray Mo** Date signed **8-28-48**

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

MOTHER, FATHER

**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 Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.**