

FILED SEP 9 1942

Registration District No. 217.8

Primary Registration District No. 4448

Registrar's No. 1-6

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Lawsan  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
(c) City or town Lawsan  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LAUNA EMILY SEXTON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife H. W. Sexton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 28 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 5 12 hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name Jacob Creek  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) U.S.

{ 14. Maiden name Virginia Lee Younger  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) MO

16. (a) Informant Jacob S. Sexton

(b) Address Lawsan, Missouri

17. (a) Burial (b) Date thereof aug. 11-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Powers Cemetery

18. (a) Signature of funeral director J. W. Prichard

(b) Address Lawsan, Mo

19. (a) Aug 11 42 (b) W. A. Lewis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10  
year 1942 hour 2:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 8, 1942  
to Aug 10, 1942  
that I last saw her alive on Aug 9, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Coronary Artery Disease  
+

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 940  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Clotus Bucher (M. D. certifier) D  
Address Lawsan Mo Date signed Aug 10, 1942

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

89  
0  
0

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

9-4-42

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

*Claude Richard*

Licensed Embalmer No. *275-1*

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.