

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**31410**  
Do not use this space.

1. PLACE OF DEATH **3**

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Hannas City Registered No. 3508  
 (d) Street No. MISSOURI RIVER (If death occurred in Hospital or Institution, write its name instead of street and number) L.K.C. Mo. St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Van Pearl Sexton

(a) Residence, No. 4220 PAPAINE ST. St.  St. Louis, Mo. (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

43 0 04

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.

FATHER 13. NAME Isham Sexton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Maggie Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.

17. INFORMANT (ADDRESS) Elmer Jackson  
2601 Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 9-8-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Young + Brady  
1513 Euclid

20. FILED 9/7, 1939 M. M. Brown  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28-39, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-28-39, 1939  
 I last saw him alive on 8-28-39, 1939. Death is said to have occurred on the date stated above, at St. Louis, Mo.  
 The principal cause of death and related causes of importance were as follows:  
Death by drowning

Other contributory causes of importance: 183

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, at home, or in public place.  
Do not apply

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) Walter H. Water M. D.  
 (Address) 1919 Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**