

MAY 15 1940

State File No. _____

399

1002

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1579

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wesley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 37 years, months or days

3. (a) PRINT FULL NAME Charles Danna Sexton
(b) If veteran, name war no
(c) Social Security No. 235-09-0253

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roxanna Sexton 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Feb-17 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Joplin, mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business General

12. Name Gilbert Sexton

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

14. Maiden name no record

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Jerry L. Sexton
(b) Address 1320 E. 27th

17. (a) Burial (b) Date thereof Apr-12-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill
(d) Signature of funeral director Mr. C. L. Foster
(e) Address 919 Brooklyn R.C., mo

19. (a) April, 12, 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 2723 Forest
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 10
year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 4-8-40
to 4-10, 1940,
that I last saw him alive on 4-9, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon

Due to 4/6

Other conditions Generalized peritoneal carcinomatosis

Major findings:
Of operations _____
Of autopsy same

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 1

23. Signature J.P. Foster (M. D. or other) _____
Address 2603 E. 31 Kansas City, mo Date signed 4-11-40

Duration 41da
(city)
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

2603 E
Hi. 6 764
ident. 4-30

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 Theron D. Redman

Licensed Embalmer No. 2237

P. O. Address Hillmo

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.