

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

BUREAU OF THE CENSUS  
FILED JUN 18 1942

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 2302

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
2923 Forest  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 6 months \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 2923 Forest  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Aubrey Sexton

3. (b) If veteran, name war World War

3. (c) Social Security No. 492-14-0555

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Edith Sexton

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased April 3, 1896  
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 8  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Dixon, Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

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

MOTHER FATHER { 12. Name Rennie Sexton

{ 13. Birthplace Dixon, Ill  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Minnie Switzer

{ 15. Birthplace Dixon, Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Sexton

(b) Address 2923 Forest, K.C. Mo.

17. (a) Removal (b) Date thereof June 12, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Indiana Ave. K.C. Mo.

19. (a) 6-12-42 (b) M. M. Krive  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11  
year 1942 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Occlusion of Coronary Arteries

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

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

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

Major findings: \_\_\_\_\_

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

Of autopsy Sectom

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)

23. Signature W. H. Kew (M. D. or other) \_\_\_\_\_  
Date signed 6/12/42

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

48  
3  
8

me

301

JUN 23 1942

JUN 29 1942

APR 9 1945

JUL 2 - 1942

**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.....

*J.P. Sheil*

..... Licensed Embalmer No. 3625.....

..... 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, fact should be so stated above.**