

FILED MAY 5 1944

State File No. _____

Registration District No. 779

Primary Registration District No. 1002

Registrar's No. 1781

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6405 East 37th St /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3220 Myrtle
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Allie A. Sexton

3. (b) If veteran, name war No 3. (c) Social Security No. 486-61-4011

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie E. Sexton 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 17th 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 10 3 _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Clay & Bailey Mfg. Co

MOTHER FATHER { 12. Name Andrew J. Sexton

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

14. Maiden name Menerva Dyer

15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nellie Sexton

(b) Address 3220 Myrtle

17. (a) Burial (b) Date thereof 4/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

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

(b) Address 4139 East 15th, St

19. (a) 4-22-44 (b) N. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th,
year 1944 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw h Deputy Coroner, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death 3 degree burns of entire body.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Inspection & history

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence April 20 1944
(c) Where did injury occur? Kansas City (City or town) (County) (State)
(d) Did injury occur in of about home, on farm, in industrial place, in public place?

While at work: _____ (Specify type of place)
Means of injury Fire
23. Signature A. E. Walker (M. D. or other)
22 McCoy Date signed _____

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

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.

*(No Embalming
burned case)*

Signed *John B. Kemp*
Licensed Embalmer No. *2955-*
P. O. Address *W.C. 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.