

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1947
Registration District No. 176

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41197
State File No. _____
Registrar's No. 49

Primary Registration District No. 4278

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Miller Lincoln
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Native years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Miller SS
(If outside city or town limits, write "RURAL") Mo.
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Loren Sexton

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Bessie Sexton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8-16-1885
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Dodge Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business _____

12. Name Joseph A. Sexton

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

14. Maiden name Ruth Marshall

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

16. (a) Informant Mrs. Bessie Sexton

(b) Address Miller Mo.

17. (a) Burial (b) Date thereof 10-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pennboro

18. (c) Signature of funeral director Monnie Senior

(b) Address Miller Mo.

19. (a) 12-9-46 (b) W.S. Butney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29
year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 28-1944
_____ 19____ to Oct 29 1946

that I last saw him alive on Oct. 28 _____ 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis also hypertension
Due to _____
Due to _____

Duration 2 yrs

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

Major findings: Of operations 131A

Of autopsy _____

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? _____

(Specify type of place) While at work? _____ (e) Means of injury 0

23. Signature L. J. Halverson (M. D. or other) _____
Address Miller Mo Date signed 10-29-46

RECEIVED
District Health Officer No. 5,
District File Number 147-8
Date Filed JAN 6 1947

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 A. R. Leiman
Licensed Embalmer No. 3297
P. O. Address Miller 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.