

S. No. 2
M-5-43
7-5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13796

FILED APR 30 1947

Registration District No. 1786

Primary Registration District No. 5368

Registrar's No. 118

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

1. PLACE OF DEATH:
 (a) County Jackson Blue Twp.
 (b) City or town Independence Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
16th & Blue Ridge (residence)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 33 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 16th & Blue Ridge
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME MR. ARTHUR J. SEXTON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 14th
 year 1947 hour 3:35 minute P M.
 21. I hereby certify that I attended the deceased from Apr 14 1947 to Apr 14 1947
 that I last saw him alive on Apr 14 1947
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna Jane Sexton
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 15, 1877
 (Month) (Day) (Year)

Immediate cause of death
Acute exacerbation
chronically recurrent myocardial
 Due to decompensation
myocarditis
 Due to _____
 Other conditions Arteriosclerosis
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
69 9 29 hr. min.
 9. Birthplace unknown Kentucky
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired carpenter

Physician
 Major findings:
 Of operations ASD
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Jesse Sexton
 13. Birthplace unknown, Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Ellen Unknown
 15. Birthplace unknown, Kentucky
 (City, town, or county) (State or foreign country)
 16. (a) Informant Anna Jane Sexton
 (b) Address 16th & Blue Ridge, K. C. Mo.
 17. (a) burial (b) Date thereof 4/16/47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Home Cem. K. C. Mo.
 18. (a) Signature of funeral director Geo. C. Carson Funeral Home
 (b) Address Independence, Mo.
 19. (a) 4-17-47 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

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 2
 23. Signature M. R. Whitstone (M. D. or other) MD
 Address Independence, Mo. Date signed 4/15/47

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.....

Charles F. Tyle....., Registered Apprentice No. *411*,
working under my personal supervision.

Signed..... *R. A. Lisle*.....

Licensed Embalmer No. *4123*.....

P. O. Address..... *Independence, 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.