

See also 22800-39

REC'D APR 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11662
Do not use this space.

1. PLACE OF DEATH

(a) County Net Madrid Registration District No. 1133
(b) Township West Primary Registration District No. 4587
(c) City Canalou (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Allen Henderson Sexton
(a) Residence, No. Canalou, Missouri St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Ann Sexton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crittenden County Kentucky

FATHER 13. NAME Allen Sexton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Simpson County Tennessee

MOTHER 15. MAIDEN NAME Marilyn Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Less Sexton Sikeston, Missouri

18. BURIAL, CREMATION OR REMOVAL PLACE Sikeston City Cem. DATE April 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. J. Welsh Sikeston, Missouri

20. FILED April 22, 1939 Jas S. Kochel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-8-39 to 4-15-39
I last saw him alive on 4-15-39, 1939 Death is said to have occurred on the date stated above, at 7:30P.m.
The principal cause of death and related causes of importance were as follows:

Endocarditis Date of onset unknown 1926
92h

Other contributory causes of importance: arterio-sclerosis unknown

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury _____, 19____
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Chas. E. Weaver, M. D.
Address Warehouse, Sikeston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

Harvey L Johnson

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Harvey L Johnson*

Licensed Embalmer No. *3704*

P. O. Address *Shelton, 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, above space should be left blank.