DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB AUG 9 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24926

Registration District No. 203 — Primary Registration District No. 4122 — Registrar's No. 20

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town SMITHVILLE, MO. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home of W.H. DOTY 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 4 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CLAY

(c) City or town SMITHVILLE, MO. (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? LIFE years.

3. (a) PRINT FULL NAME HANNAH SEXSON 2.50

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife THOS. H. SEXSON

6. (c) Age of husband or wife if alive Died 1927 years

7. Birth date of deceased JUNE (Month) 3 (Day) 1849 (Year)

8. AGE: Years 91 | Months 1 | Days 3 | If less than one day ___ hr. ___ min.

9. Birthplace DES MOINES (City, town, or county) IOWA (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business 1

FATHER
12. Name THOMAS GILPIN 1
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name KATIE HOPKINS
15. Birthplace (City, town, or county) VIRGINIA (State or foreign country)

16. (a) Informant's own signature MRS. W.H. DOTY

(b) Address SMITHVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7- 7- '40 (Month) (Day) (Year)

(c) Place: burial or cremation OLD UNION CEM. STOCKTON, Mo.

18. (a) Signature of funeral director McCormack Mortuary

(b) Address Smithville Mo.

19. (a) 7/6/40 (Date received local registrar) (b) E. C. Hill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 6 year 1940 hour 3 PM minute ___ M.

21. I hereby certify that I attended the deceased from 7-4-1940, 1940, to 7-6-, 1940; that I last saw her alive on 7-6-, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Capillary Pneumonia

Due to Lining Congestion

Due to

Other conditions Senility (Include pregnancy within 3 months of death) 107 W

Major findings: Of operations ✓

Of autopsy ✓

Duration

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? 1 (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature E. C. Hill (M. D. or other)

Address Smithville Mo. Date signed 7/6/40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-5-40

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. S. A. McConnas

Licensed Embalmer No. 2303

P. O. Address. Smithville, T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.