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28007

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 9 1942
2178

Registration District No. _____

Primary Registration District No. 4448

Registrar's No. 1-6

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Lawsan
(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.? _____ years

3. (a) PRINT FULL NAME LAUNA EMILY SEXTON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Feb. 28 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>5</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name Jacob Creek

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

14. Maiden name Virginia Lee Younger

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

16. (a) Informant Jacob S. Sexton

(b) Address Lawsan, Missouri

17. (a) Burial (b) Date thereof aug. 11-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Power's Cemetery

18. (a) Signature of funeral director Jimmie Prichard

(b) Address Lawsan, Mo

19. (a) Aug 11 42 (b) W. A. S.
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1942 hour 2:30 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 8, 1942, 1942 to Aug 10, 1942

that I last saw her alive on Aug 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Coronary Artery Disease

Other conditions (include pregnancy within 3 months of death) 942

Major findings: Of operations _____ Of autopsy _____

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 _____

23. Signature Walter Bucher (M. D. certifier) _____
Address Lawsan Mo Date signed Aug 10, 1942

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

89
0
0

89
0
0

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

9-4-42

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

Claude Richard

Licensed Embalmer No. *275-1*

P. O. Address *Excelsior Springs*

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.