

S. No. 2  
1-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27929

State File No.

Registrar's No.

FILED AUG 21 1945  
Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Leveering Hospital  
(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 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Morgan Robert Sexton

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Clara Sexton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 27 1895  
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lee County Virginia  
(City, town or county) (State or foreign country)

10. Usual occupation Miller

11. Industry or business C. & O. Railroad

12. Name Charles Sexton

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

14. Maiden name Caroline Vaughn

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

16. (a) Informant Mrs. Clara Sexton

(b) Address Kansas City Missouri

17. (a) Burial (b) Date thereof Aug. 1, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Abiel Cemetery

18. (a) Signature of funeral director Ray J. Schwab

(b) Address 1011 1/2 W. Hwy, Hannibal, Mo.

19. (a) 8-3-45 (b) W. M. Lucke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1945 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 28  
1945 to July 29 1945  
that I last saw him alive on July 29 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Ferrous poisoning Duration 2 1/2 h

Due to Perforated duodenal ulcer

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 153.2

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. M. Lucke (M. D. or other)

Address Hannibal Date signed 8-2-45

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

MOTHER FATHER

1274

DEC 10 1968

**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 Jack H. Lusk  
Licensed Embalmer No. 4110  
P. O. Address Blannibal 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.**