

No. 2
-5-43
-5-17-39
I X36671

FILED FEB 7 1946

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: 1611 East 4th.St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1611 East 4th.St. 4
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT ALICE CROFT PAXTON
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. 80-2057

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife L.C.Paxton 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased Feb. 15 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 13 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Geo.Croft

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Alice ?

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

16. (a) Informant Mrs.A.L.Lemans

(b) Address 1611 East 4th.St.Sedalia

17. (a) Burial (b) Date thereof Jan.11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Geo. Dickard

(b) Address Sedalia

19. (a) JAN.10/46 (b) A.J. Campbell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
year 1946 hour 10 minute 04pm M.

21. I hereby certify that I attended the deceased from Nov 29, 1945, to Jan 8, 1946
that I last saw her alive on Jan 8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Arterio Sclerosis

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____
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 Alfred E. Moore (M. D. or other) _____
Address 1110 W 4 Sedalia Mo Date signed 1-10-46

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-6-46

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

Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address

Sedalia

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.