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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23802

Registration District No. 149 Primary Registration District No. 1082 Registrar's No. 3109

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
310 West 12th Street 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3685 Summit Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Horace Glenn Sexton

3. (b) If veteran, name war None

3. (c) Social Security No. 490-07-6167

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ruby J. Sexton

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased April (Month) 24 (Day) 1905 (Year)

8. AGE: Years 41 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Bert E. Sexton 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eva M. Brashears
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Ruby Sexton
(b) Address 3685 Summit St. K.C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall, Missouri

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Missouri

19. (a) 7-16-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th year 1946 hour 10:15PM minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Acute Alcoholism

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 77c

Major findings:
Of operations
Of autopsy History & Inspection

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A Ellsner (M. D. or other)

Address 2804 Main Date signed 7/18/46

(Licensed Embalmer's Statement on Reverse Side)

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 Blaine E. Wulert

Licensed Embalmer No. 4075

P. O. Address K.C. 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.