S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1947

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No. 32049

Registrar's No. 310

1. PLACE OF DEATH: Pettis

(a) County

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

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

(d) Length of stay: In hospital or institution 30 hours (Specify whether
In this community 37 years in Sedalia years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 403 South Hancock
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James E. Paxton

3. (b) If veteran, name war None

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 Nettie Heizman Paxton

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased October 10, 1899 (Month) (Day) (Year)

8. AGE: Years 47 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation Minister

11. Industry or business

FATHER
12. Name William Robert Paxton
13. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Bernaugh
15. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. V.W. Brownfield (sister)
(b) Address 403 South Hancock, Sedalia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director [signature]
(b) Address Sedalia, Missouri

19. (a) 9/20/47 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 18
year 1947 hour 10:21 minute a. M.

21. I hereby certify that I attended the deceased from 1 AM Sept 17th, 1947, to 9-18, 1947;
that I last saw him alive on 9/18, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Granuloma of descending colon	48 hrs
Due to: Obstruction	6 Day
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 3 ft of descending colon gangrene
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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature Dr. K. L. Holdren (M.D. or other) D.O.
Address 315 Ely Bldg. Sedalia, Mo Date signed 9/18/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 10-9-47

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.