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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 300 E. Ash St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 25 years (Specify whether years, months or days)

In this community about 25 years

8. (a) PRINT FULL NAME ELIZABETH SEXTON

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex Female 5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Harry Sexton

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

7. Birth date of deceased 4 - 13 - 1908
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>34</u>	<u>2</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Charlie McQuitty

13. Birthplace Rockport Mo
(City, town, or county) (State or foreign country)

14. Maiden name Fannese Williams

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

16. (a) Informant Flora Forbush

(b) Address Columbia Missouri

17. (a) Burial (b) Date thereof 7-7-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wheat P. Parker

(b) Address Columbia Missouri

19. (a) 7-7-1942 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 300 E. Ash St.
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 8th 1942, to July 3rd 1942 that I last saw h alive on July 3rd 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis (acute) Duration _____

Due to _____

Due to _____

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 0

23. Signature Edna H. Barber (M. D. or other) _____

Address Columbia Mo Date signed 9/17/42

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

Stuart D. Parker

Licensed Embalmer No.

2900

P. O. Address

Columbia Md

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, above space should be left blank.

STANDARD CERTIFICATE OF DEATH

State File No. 26676
Registrar's No. 136

Registration District No. 73

Primary Registration District No. 3004

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(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 25 yrs (Specify whether
In this community 25 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Elizabeth Sexton
3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1942 hour 11:30 minute AM
21. I hereby certify that I attended the deceased from 1938 to 1942
that I last saw the decedent alive on July 1, 1942, 19.....
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife Sam 6. (c) Age of husband or wife if alive 13 years
7. Birth date of deceased April 13 1929 (Month) (Day) (Year)

Immediate cause of death respiratory (pneumonia) Duration

8. AGE: Years 34 Months 2 Days 10 (Unless than one day, in min.)

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) 130

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

10. Usual occupation.....

11. Industry, occupation, or profession.....

MOTHER FATHER { 12. Name.....
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name..... (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant..... (b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

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..... (M. D. or other).....
Address..... Date signed.....

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



